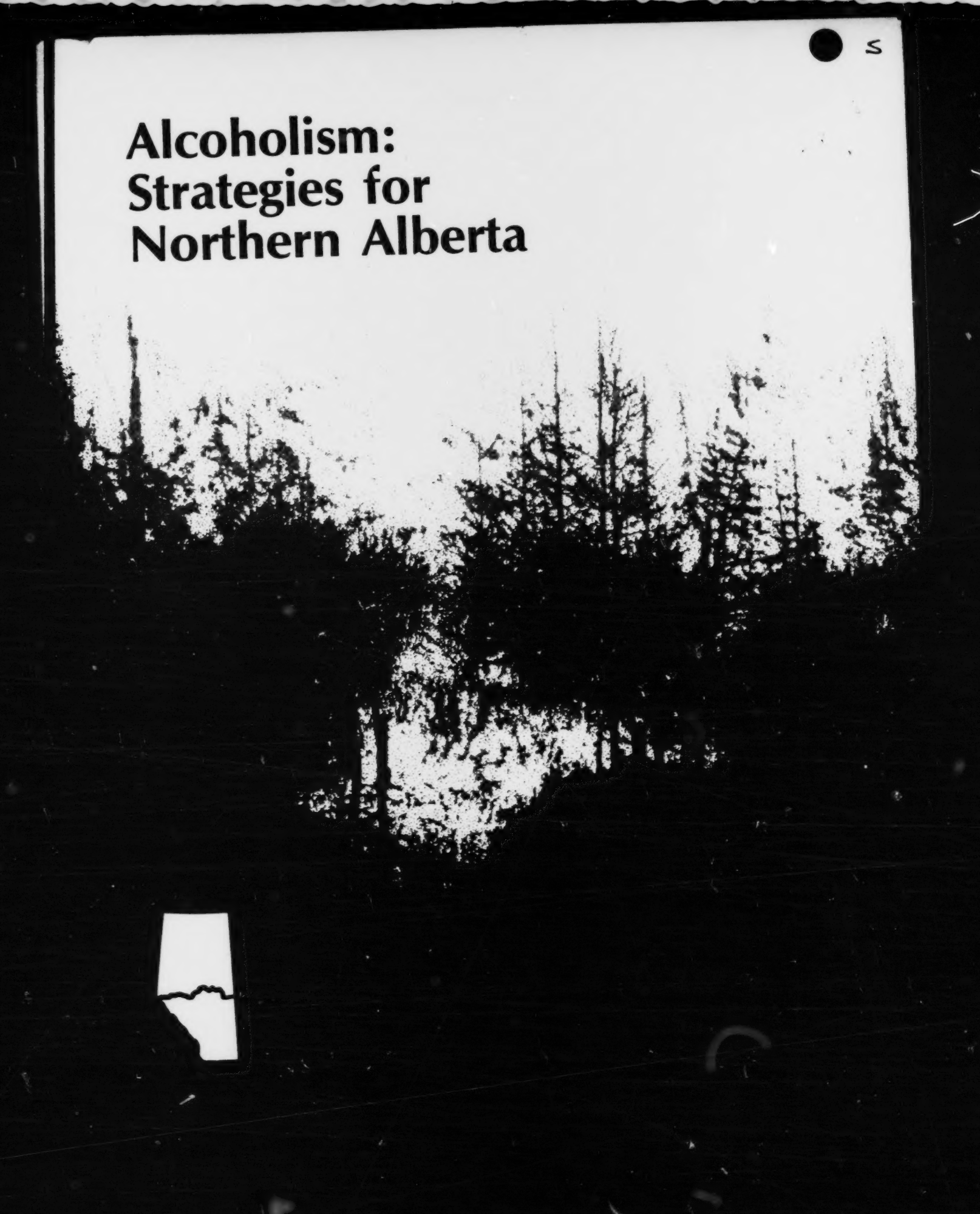
Alcoholism: Strategies for Northern Alberta



Final Report

Alcoholism: Strategies for Northern Alberta

prepared for

The Steering Committee

Community Advisory Group

Community Participants

Sponsors:

Northern Alberta Development Council

Alberta Alcoholism and Drug
Abuse Commission

prepared by

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Fresh Start
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The cost of this study process and Report has been jointly shared between the Northern Development Branch of Alberta Tourism and Small Business and the Federal Department of Regional Economic Expansion (DREE) under the auspices of the Canada/Alberta Subsidiary Agreement on Alberta North 1977/82.

EXECUTIVE SUMMARY

This Report presents the results of a year-long study process focused on alcohol and drug abuse in Northern Alberta. The goals were (1) to identify community concerns, (2) to indicate gaps in service, (3) to make suggestions for change, (4) to strengthen existing community efforts, and (5) to develop an approach to addressing the situation more effectively in the future. The study was jointly sponsored by the Northern Alberta Development Council and the Alberta Alcoholism and Drug Abuse Commission. It was guided by a Steering Committee which involved the sponsors and six Northern community representatives.

The Report information was derived from over 600 Northern residents through personal interviews in 17 communities and group discussions in eight one-day Community Workshops. These workshops took place in 1982 in Whitecourt, Peace River, High Level, Grande Prairie, St. Paul, Fort McMurray, Lac La Biche and Slave Lake. A Review Workshop took place in 1983 in Grand Centre where some 100 delegates assessed the Draft Report.

The four general areas of concern raised by community residents were:

(a) that alcohol and drug abuse were so socially acceptable;
(b) that there was much ignorance concerning the effects of use;
(c) that use and abuse were increasing; and
(d) that many treatment approaches were inadequate.

The five general areas identified as gaps by community residents were:

(a) getting people in need to seek help and helpers knowing when to intervene;
(b) getting information out to those in need and to the helpers;
(c) improving the quality and scope of services;
(d) providing supporting services to employers, schools and the family;
(e) providing more facilities and programs, especially for youth.

The five general areas of community suggestions for change were:

(a) more localized training for service personnel and volunteers;

(b) more public education programs;
(c) improved service delivery, especially after official agency hours;
(d) more research regarding abuse and where to locate new services;
(e) decreased alcohol and drug availability and more non-alcohol/non-drug social alternatives.

Specific issues raised in the individual communities are provided within the body of the Report and in the various Appendices.

Participants recognized and identified the many strengths which currently existed in their communities. They believed that further change would evolve from the existing work of the A.A. Groups, The Anti-Smoking Campaigns, Churches, social and health services, schools, police and the great variety of community action groups. Special attention and positive support was given to AADAC and its many Northern services.

Participants in each workshop were challenged to deal with some of the issues that they had raised. Small groups formed and made specific commitments. A number of these groups followed through. For example, an after-hours emergency service was developed in one community and a family-life, public education program was developed in another community and taken out to surrounding smaller communities.

The general conclusions drawn by the consultants, and almost unanimously supported by the delegates to the Review Workshop, were as follows:
(a) Alcohol and drug abuse is a serious Northern Alberta problem.
(b) The problem is often not seen as an issue by many community leaders and residents.
(c) Most abusers do not see their behavior as a problem.
(d) A range and diversity of addiction services is operating and is required.
(e) A key to improved community services is a strong interagency coordinating group.
(f) The knowledge and skills of community service personnel needs to be improved.

(g) The need for public education is great and more efforts are required.

(h) Each community must have access to a full range of treatment services which are part of a deliberate Northern plan of action.

(i) Community youth require more programs and recreational alternatives.

(j) Community seniors require more community attention.

(k) Native people and largely Native communities require more coordinated, culturally-informed services.

(l) AADAC is a welcome and valued service whose role must be further clarified in communities.

(m) Overall, participants felt that they could do more with what they had and better deal with addictions in the future.

Based on the community information and suggestions, the consultants developed a Northern Alberta Strategy for Addiction Services. The major goal of the strategy was: to increase community competence in dealing with the use and abuse of alcohol, drugs and other chemical substances. This meant that each community would work towards increased or better usage of their existing resources (finances, buildings, equipment); adding to the knowledge and skills of service workers and other residents; fostering more caring about addicted people, their families, and each other; and stimulating more personal commitment to act.

Community competence would be increased by engaging in activities in 10 areas of community life. The comunity would be strengthened by making specific changes during the next few years. The consultants provided a list of suggested actions in each area.

1. The Education of Professionals
2. The Education of Citizens
3. Treatment Services
4. Programs in the School
5. Interagency Coordination
6. Personnel Recruitment and Retention
7. Public Awareness and Support
8. Employee Assistance Programs

9. Conflict Mediation
10. Norms and Practices

The study continued by discussing the responsibilities in the addictions field held by each community, NADC, AADAC and Native people who comprise a large percentage of Northern Alberta residents.

People working and living in each community need to exercise leadership both in bringing services together and in involving more community members. The NADC needs to support communities by providing research and training resources and by challenging various professional associations to improve their addictions-related training. AADAC needs to continue to provide up-to-date, appropriately packaged information and to keep a community-active role. It also needs to supply services where these are still required, eg. a Grande Prairie Treatment Centre. Native people need to promote workshops and research tailored to their needs. They must assist non-Native helpers and service organizations to better understand their needs in order to improve services. They need to lobby for services in areas where they are not well provided eg. Isolated Communities.

The last part of the study summarizes the reactions of delegates to the Draft Report during the Review Workshop in Grand Centre. The delegates were very supportive of the Report and the process which was used in the study. Many of their suggestions have been included in this Final Report. Some of the highlights, as discerned by the consultants, are:

(a) To live in a community carries with it a responsibility to participate in activities to enhance its well-being.
(b) There is an individual responsibility on the part of users to drink moderately and use drugs properly. In the case of abuse, it is difficult to assign responsibility, but abusers have the major role to play in their own treatment.
(c) The clergy are an active service resource in Northern Alberta Communities. Their work in the addictions field can be expanded.
(d) Action must be taken on the proposed treatment centre in Grande Prairie.

(e) Whether one is defined as a professional or non-professional, there is a need for all addictions workers to be qualified and for their skills to be recognized.

(f) The study needs to examine Native communities, including Indian Reserves and Metis Settlements, with regard to alcohol and drug abuse and the provision of addiction services.

(g) Interagency Co-ordination is an identified need that most communities believe they can work on immediately.

At the conclusion of the Review Workshop, delegates from several Northern community areas met and selected their own priority issues. They then made specific commitments to act on those issues when they returned home. In the same vein, the NADC and AADAC responded and made specific commitments to act on a number of concerns raised by the study participants and delegates. These commitments included incorporating delegate comments and making the Report public; providing an additional addictions counsellor to Slave Lake; setting up an experience-based qualification route in AADAC for hiring; taking Henwood's training program out into the communities; and developing a follow-up response to major Report concerns, including the Grande Prairie Treatment Centre.

ACKNOWLEDGEMENTS

We wish to thank all the AADAC Northern district staff and the Family and Community Support Services in Whitecourt for all their many efforts in organizing the workshops, arranging personal interviews and in participating in Community Workshops. We wish to acknowledge the extensive assistance of The Steering Committee and the Community Advisory Group.

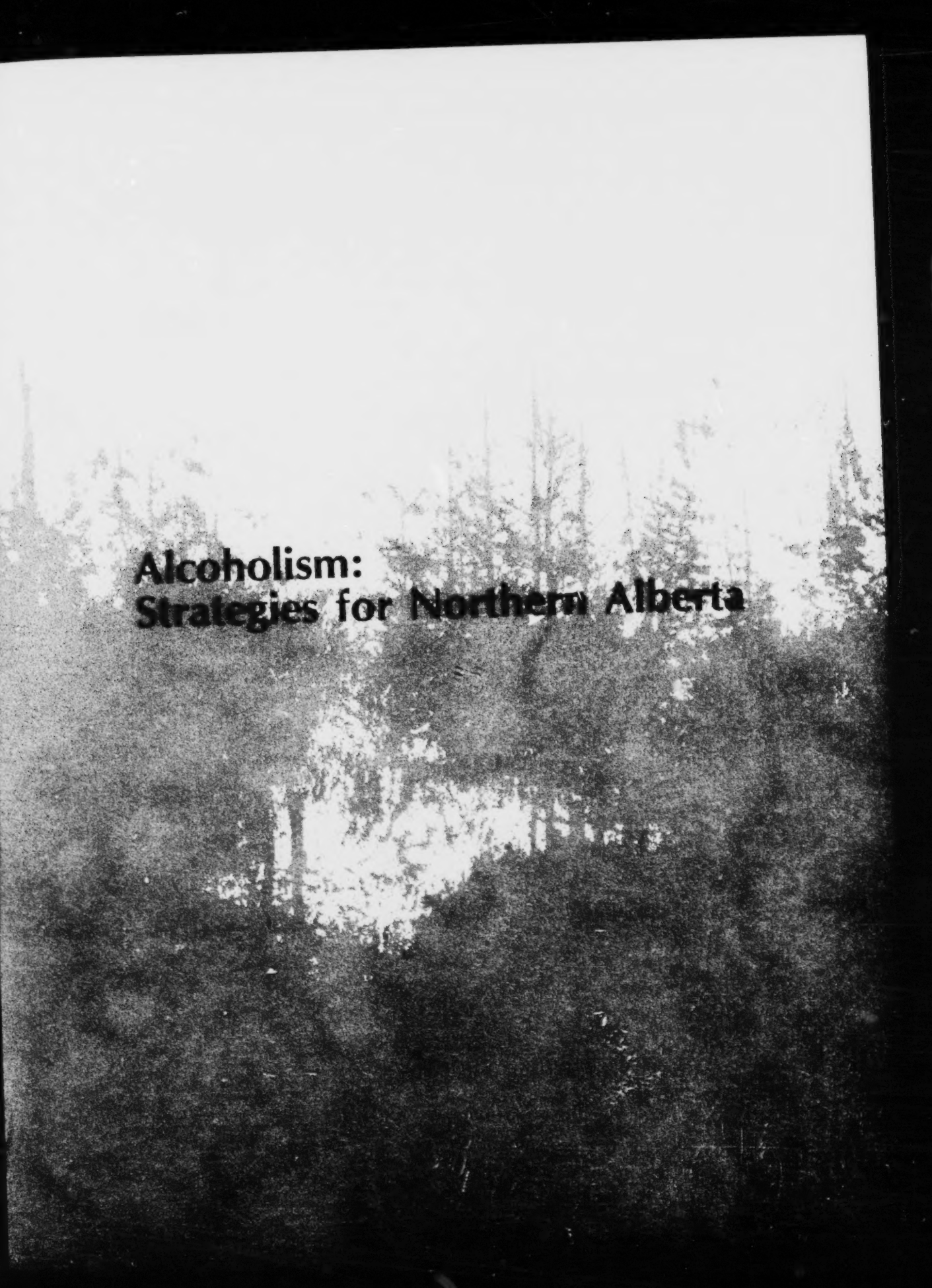
The Government members were Ray Daubney, Len Blumenthal, Martin Parsons, Wilf Boman, Wayne Bazant, Rick Sloan, Jerry Archibald and John Shannon. The Community members were Roger Ostroski, Brent Warchola, Florence Boucher, Mark Malek, Henry Sinclair and Ellen McGladdery. In particular we wish to thank the two AADAC regional directors who worked closely with us in the workshops, Iyas Abbas and Wilf Boman.

The study was made even more pleasurable through the close contact with our three liaison people, Ray Daubney and Len Blumenthal of AADAC and Rick Sloan of the NDB. This was a study where the sponsors worked alongside the consultants in every aspect of the work. We particularly wish to thank the NDB for its work in organizing the Review Workshop in Grand Centre.

It is never easy to identify and thank all the people who make a study possible. In this case it is even more difficult because over 600 people were directly involved. We wish to thank the people who participated in the eight Community Workshops and interviews; we also thank the delegates to the Review Workshop for their critical analysis and additional contributions. All of these people gave freely of their time, gave in good humor and taught us that the problems are real and necessary to deal with. The tide of destructiveness created by abuse has to be challenged, can be challenged and is being challenged.

My heart is moved by all I cannot save:
so much has been destroyed
I have cast my lot with those
who year after year, perversely,
with no extraordinary power,
reconstitute the world.

Adrienne Rich
as published in Association for Humanistic Psychology
July - August 1982 Newsletter



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1.0 STUDY FOCUS

1.1 Introduction

This study was designed to provide a large number of Northern Albertans an opportunity to identify their concerns about alcohol and drug use, existing addiction services, gaps and needed changes. It was to be community-focused and practical for the people involved. From the material provided, the consultants were asked to develop a strategy which could be used by Northerners to assist them in dealing with various identified addiction-related problems.

A study process was established which involved a number of meetings with a joint government/community steering committee; interviews with concerned and knowledgeable Northern residents in 17 communities; day-long workshops in eight selected communities; interviews with service specialists in the Edmonton area; and a general three-day workshop to review the study results.

The study began in April, 1982 and was completed in March, 1983. Drafts of this Report were reviewed by the joint Government/Community Steering Committee in a number of working sessions and by over 100 Northern Alberta delegates in a Review Workshop. Contributions from the general Review Workshop, held in January 1983, have been incorporated in this final document.

1.2 Scope

This study process has been sponsored by the Northern Alberta Development Council (NADC), utilizing its administrative arm - The Northern Development Branch (NDB) - and the Alberta Alcoholism and Drug Abuse Commission (AADAC). The final Report seeks to outline some of the results from over three months of interviewing and workshop discussions in 17 Northern Alberta communities. It highlights major observations related to alcohol and drug use provided by over 600 Northern residents (See Table 1:1). It is important to remember that the workshops were also designed to assist community members to address their own self-identified problems. Thus, they were more than information-producing

Table 1.1 Alcoholism Strategies: The Number of Community Interviews and Workshop Participants

Communities	Number of people interviewed[1]	Number of people attending workshop[2]
Whitecourt	16	22
Peace River	14	26
High Level	12	36
Grande Prairie	25	39
Barrhead, Westlock, Swan Hills	52	-
St. Paul	15	63
Grand Centre, Bonnyville	54	-
Fort McMurray	10	45
Athabasca, Boyle	10	-
Lac La Biche	11	46
High Prairie, Wabasca/Desmarais	40	-
Slave Lake	9	47
	298	324
Grand Centre Review Workshop[3]		107

1 Most of those interviewed were not able to attend the workshops. Interviews were done both with individuals and groups.

2 This figure includes members of the NDB and AADAC who attended each workshop. Some members attended more than one workshop.

3 This figure includes all registered delegates and members of the NADC, NDB and AADAC.

meetings. The workshops were ends in themselves and participants pledged to work on specific local projects. A number of these projects were completed by the time of the Review Workshop.

The Review Workshop was held in Grand Centre, January 17-19, 1983. Over 100 delegates were invited from various Northern Alberta communities, primarily from these communities earlier involved in the study. Many members of the NADC, NDB and AADAC also participated. Prior to the workshop all participants received a draft copy of the Report. (See section Section 3.0 and Appendix A for more details)

1.3 Limitations

The subject of alcohol and drug abuse is so extensive that virtually all areas of community life can be discussed within it. It is important that the reader remember the study's limitations in order to properly put the work into perspective.

a) This is not an evaluation nor a complete description of AADAC or any other government or private organization and their Northern Alberta services.

b) This is not a study focused on community alcohol and drug statistics.

c) This is not a review of the causes of addiction or of the variety of treatment approaches available.

e) Very little community statistical data on alcohol and drug use or abuse were available. The study did not seek to correct this deficiency.

e) Federal Government initiatives, particularly on Indian Reserves, in the alcohol and drug field were not specifically examined.

f) Some community groups and professions were not represented in each workshop.

g) Residents from a small number of larger Northern Alberta communities were involved.

h) There was no time to follow-up or critically evaluate all the observations reported.

i) Many issues raised by participants are not described as extensively in this Report as they were in the workshops.

j) This is not a financial analysis of current Government funding arrangements.

1.4 Report Organization

This Report is organized in such a way that the reader can readily go to the parts which are of direct interest. Section 2.0 describes how the study was developed, while Section 3.0 describes the actual study process in some detail.

Section 4.0 summarizes the stated concerns of participants across all communitiies. Section 5.0 summarizes reported gaps. Section 6.0 summarizes suggestions for change. There is considerable overlap between sections 4.0, 5.0 and 6.0, since a concern is often seen as a service gap for which a change suggestion is made.

The individual concerns, gaps and suggestions provided by each of the study communities are presented in Appendix B. They have been placed there because of the extensive detail and repetition involved between communities. However, there are community-specific issues and these are detailed by community. The reader is encouraged to review the summaries and then go to Appendix B and select one or more communities for additional reading.

Section 7.0 outlines some of the strengths perceived to exist in the various communities. These refer to characteristics of a community or of a particular service. Study participants recognized that many valuable services now exist and that future change will build on these.

Section 8.0 summarizes the conclusions of the consultants. These were derived from all the material generated during the study process.

Section 9.0 presents a Northern Alberta addictions strategy developed by the consultants. This strategy seeks to assist individual communities to address their alcohol and drug problems on a long-term basis.

Section 10.0 outlines some responsibilities for various groups in terms of implementation.

Section 11.0 outlines a summary of the results of the Review Workshop in Grand Centre.

Section 12.0 presents the consultants concluding comments.

Appendix B provides a more detailed summary of information from each of the eight Community Workshops. Their identified concerns, gaps and suggestions for change are indicated by workshop location.

Appendix A provides administrative details about the study process with particular emphasis on the Community Workshops.

Appendix C provides a listing of those individuals who were interviewed in the Edmonton area after the Community Workshops had taken place.

Appendix D provides examples of information which documents selected aspects of Northern Alberta alcohol and drug problems.

2.0 STUDY BACKGROUND

2.1 Introduction

The study is co-sponsored by two very unique government agencies. It is important to understand why they became involved and how they generally operate.

2.2 NADC (Northern Alberta Development Council)

The Northern Alberta Development Council is a group of 10 members charged with the responsibility of promoting the development of the North. It includes two Northern M.L.A.'s and eight appointed citizens. They are responsible to cabinet through the Minister for Northern Development, currently "Boomer" Adair. They are established under an Act of the Legislature which specifies that the Council is to:

> "investigate, monitor, evaluate, plan and promote practical measures to foster and advance general development in northern Alberta and to advise the government in matters thereon."

Primarily, the Council conducts regular community meetings in different Northern locations in order to receive community briefs and to hear about local concerns. They conduct research into Northern needs; liaises and coordinates the efforts of government departments; and conducts conferences, seminars and workshops throughout the North. The Council carries out its broad mandate through the ten member staff of the Northern Development Branch of Alberta Tourism and Small Business located in Peace River.

During the past few years the Council has received a number of briefs from communities across the North concerning the problem of alcoholism. These briefs have stressed the seriousness of the problem and the need for a variety of services. The Council has also had the problem re-emphasized in two of their recent research projects. The Health Needs in Northern Alberta study noted that Health Care professionals indicated:

> With mental health problems, alcoholism is listed as one of the major Northern problems. Whilst AADAC workers are in short supply, at the same time the program is rated by an external evaluator (Dr. A. Reid of the University of Manitoba) as one of the best of its kind in Canada. However, an acute need exists for a well-distributed network of halfway houses and detoxification beds together with an increased number of counsellors. p. 175 (1980)

The Socio-Economic Overview of Northern Alberta reported that community and government respondents rated alcoholism as the major Northern social problem. Part of the overview summary reads as follows:

> Alcoholism could be included under health and social services concerns. But, because it is mentioned by virtually every person who was interviewed as the number one social problem, it deserves special attention. Very few people comment about what causes people to drink excessively, but there is a lot said about what excessive drinking produces for individuals, families, and the community. People think they are aware of the effect of drinking; they only speculate on the cause of drinking. Their main concern is to control the effects of drinking.
>
> 1. Community Life
> Every community is concerned about the number of community members who are "physically hurting themselves, their family, and other members of the community" while they are under the influence of alcohol or drugs. There is data to support the fact that "death through violence in some northern communities is at a higher rate than death through natural causes". Alcohol is directly or indirectly related to most of the violence. A spin-off of the violence is that people who wish to live a normal life become fearful for their safety. It seems that, in some communities, all social and community activity, and family living is negatively influenced by the results of excessive consumption of alcohol and drugs. When several members of a community are involved in deviance of a violent nature, the whole community's thinking and reaction revolves around the deviance. There is little social and economic progress in communities that are experiencing this phenomena.
>
> . . .
>
> 2. Crime
> Northerners are not seen as involved in organized or pre-meditated crime. Crime committed by local northerners is generally associated with alcohol, vehicle use and road traffic. Minor theft by juveniles and personal violence (alcohol related) are seen to be serious problems. p. 147 (1981)

Both the community presentations and the sponsored research projects led the Council to conclude that more needed to be done about alcoholism. They approached AADAC with the idea of a joint study process focused on clarifying concerns, identifying service gaps and developing action strategies to guide Northern planning.

2.3 AADAC (Alberta Alcoholism and Drug Abuse Commission)

AADAC is a Government Commission which has been expanding its services in the North in recent years. Their literature states that:

> AADAC is the Alberta Alcoholism and Drug Abuse Commission.
>
> It is an organization funded by the Government of the Province of Alberta. AADAC is here to provide Albertans with assistance in dealing with alcohol and drug abuse, including education programs and help with problems that result from abuse.
>
> AADAC is directed by a citizens' board and chairman appointed by the Government.

AADAC has three divisions that provide public services:

1) Treatment Institutions - such as Henwood in Edmonton operated by AADAC staff.

2) Funded Agencies - which are provided with money to operate their own community service. This includes facilities such as the Action North treatment centre in High Level, Pastew Place detox centre in Fort McMurray, and the M.I.T.A.A. detox centre in High Prairie. Various groups delivering programs in communities are also funded.

3) Regional Services - this includes AADAC regional and district offices, which provide public education and individual or group counselling. The North is divided into two Regions and there are 11 offices in the North. The Regional office in the West is in Grande Prairie and the one in the East is in Lac La Biche.

2.4 Study Approval

AADAC was receptive to NADC's idea of a joint study process. A joint Government Steering Committee (SC) was developed to establish the terms of reference. In addition, a Northern Citizens' Advisory Group (CAG) was formed

to assist in selecting a consultant, to participate in the study process and to review the results. Both SC and CAG members were encouraged to participate in selected Community Workshops; AADAC and NDB staff were also invited. Almost all the individuals involved in these two groups participated in one or more workshops. A large number of AADAC staff also participated. This included staff from the head office in Edmonton, Northern regional and district offices. (See Table 2:1)

Table 2:1 Alcoholism Strategies. Community Workshop Registrants
The number of participants by community and area of interest.

	Total	Social Service	Health Services	Community	Other	AADAC[1]
Whitecourt	22	5	2	6	4	5
Peace River	26	7	2	6	7	4
High Level	36	8	7	14	4	3
Grande Prairie	39	14	2	13	5	5
St. Paul	63	10	5	29	12	7
Fort McMurray	45	12	5	16	7	5
Lac La Biche	46	18	6	11	1	10
Slave Lake	47	18	4	10	8	7
Total	324 100%	92 28%	33 10%	105 32%	48 15%	46 14%

1 These figures do not include the 2 consultants and the 1 NDB member who participated in all the workshops.

3.0 STUDY PROCESS

3.1 Community and Participant Selection

With the assistance of the study Steering Committee, Community Advisory Group and AADAC Northern regional and district administrators, a number of Northern Alberta communities were selected as participants and information sources for the study. One major aim was to involve people who were dealing with the effects of alcohol either as part of their job or because of personal or community interest. Another premise of the study was that each community is a major actor in defining and resolving alcohol and drug problems. The goal was to focus on each community's situation and to develop or strengthen community-based services.

To that end, small workshops were organized in seven of the eleven Northern centers which have AADAC district offices and Whitecourt, as an example of a community without an AADAC office. In addition, arrangements were made to conduct interviews or group sessions in the four other communities with AADAC district offices and in some six other communities where AADAC services were delivered on a visiting basis. It is also important to note that the workshops were often attended by people who came from other communities throughout the region served by the various district offices. Over 600 people were involved in the total process from some 50 Northern Alberta communities. (See Appendix A, Figure 3:1 for the workshop draft agenda)

3.2 Workshop Preparation

The basic approach was as follows:

- AADAC district administrators and staff invited local residents via mail, phone and face to face contacts (See Appendix A, Figures 3:2 and 3:3 for sample community letters)
- AADAC personnel placed ads in local newspapers to attract interested citizens (See Appendix A, Figures 3:4 and 3:5 for sample ads)
- AADAC personnel arranged a series of individual or group interviews to precede each workshop and selected the workshop location and catering

- NDB provided an information package and workshop material
- AADAC personnel pre-registered participants and collected questionnaires previously distributed to participants

3.3 Workshop Structure

The basic operating framework of the workshops was as follows:

- Fresh Start consultants met with district AADAC staff
- Fresh Start consultants interviewed community people the day prior to the workshop
- Fresh Start consultants reviewed and summarized the questionnaires returned by registrants (See Appendix A, Figure 3:6 for sample questionnaire)
- NDB introduced the sessions and explained the sponsorship and the reasons for the study
- Fresh Start consultants explained the study process and facilitated the day-long workshop
- AADAC personnel typed the workshop results
- Lunch and supper were provided by AADAC and people generally remained together from 9 a.m. to 6 p.m.

3.4 Workshop Philosophy

The workshops were designed to be small and participants were encouraged to work together to produce insights and information, first, for their own community, and then for AADAC, NADC and the other groups or agencies represented. Participants were encouraged to be frank and specific as to their local concerns, gaps in any service, their community's strengths and suggestions for change. The workshops had to make sense for the people who were there in the context of their particular community. Most of the work was done in small groups and reported back to the total group. (See Appendix A, figure 3:7 for a diagram of the Workshop design)

The Community Workshop results were was also utilized in preparing two reports for the joint Steering Committee and Community Advisory Group, and for the draft report which was presented to the major Northern Review Workshop. At that time workshop participants reviewed and added to the results. The final report will be distributed to all study participants and will go back to all the communities and groups involved. It is noteworthy that most Community Workshop participants indicated a desire to be involved in the follow-up Review Workshop.

Additional interviewing and data collection was done by the consultants to supplement the workshop results. During September 1982 a number of addictions workers in the Edmonton area, who deal with the negative effects of alcohol and drug use, were interviewed. Many of these 23 individuals had Northern Alberta experience or dealt with Northern people as part of their duties. They represented knowledgeable people who were working on similar problems and could add to the consultants' understanding of what was learned in the interviews and workshops. This interview material was also used to assess conclusions and test strategy ideas. (See Appendix C for a listing of these individuals)

4.0 COMMUNITY CONCERNS

4.1 Similar Concerns Across Communities

Each workshop began with participants identifying and illustrating their own personal concerns with respect to alcohol and drug use in their community. The eight workshops and nine additional community visits produced a number of concerns that are very similar. These are briefly summarized as follows under four broad headings: social context, information, use and services. The detailed concerns raised in each community can be found in Appendix B.

4.2 Social Context

a) There is a general social acceptance of alcohol use in spite of any problems that are produced.

b) Alcohol is involved as a causative or complicating factor in most community social problems eg. driving offenses, child abuse, family violence, medical emergencies, school problems, work accidents.

c) There is considerable citizen indifference about abuse and its effects. "Let someone else worry about it".

d) Alcohol and drug abuse produce an enormous unrecognized human and financial cost in every community.

e) It is recognized that few if any communities see addiction as a community problem requiring serious local attention and action. It is generally seen as an individual, family, agency or government problem. When drunks are visible on the street, it is a type of community problem.

f) Drinking is seen by most people as the adult way to have a good time. Intoxification is often seen as synonymous with having a good time.

g) Since we did our work near the end of the school year, every community expressed concern over the acceptance and legitimation of alcohol abuse at grad parties. This is seen to exemplify our society's attitude towards drinking and drugs.

4.3 Information

a) Most community people are seen as wanting to ignore the problem and make believe it's not there. This appears to be especially true of many community political and business leaders.

b) There is a great deal of ignorance among the general public as to the effects of alcohol and drug use.

c) There is a great deal of ignorance among many professionals as to the effects of alcohol and drug use, the nature of addiction and appropriate treatment approaches.

d) There is a general lack of knowledge about addiction services available.

e) There appears to be a lack of training regarding addiction for professionals in their basic education. This concern includes doctors, nurses, social workers, teachers, police, correctional officers, judges, counsellors and others.

4.4 Use

a) Alcohol use is extensive and is increasing.

b) Alcohol use pervades all features of community social and recreational life.

c) Drug use among children and young people is a serious problem. It mostly involves soft drugs and a variety of inhalants such as glue and gasoline.

d) Alcohol and drug use among senior citizens is a serious "behind the curtain" problem.

e) Alcohol and drug abuse are not being dealt with effectively and the problem is growing faster than the means to deal with it.

f) There is a recognized need by Native and non-Native people that alcoholism among Native people is a very destructive process requiring continuing and increased attention.

4.5 Services

a) There is great difficulty in getting people to seek help for their addiction.

b) There are insufficient education programs to assist in the prevention of addiction related problems.

c) There is a lack of co-ordinated effort among helping agencies in many communities in this field.

d) Present medical approaches used in hospitals and by doctors are not adequate to treat alcoholism and drug addiction aspects of illness.

e) There is a lack of systematic follow-up for either people who are counselled, who are leaving detox or who are returning from treatment programs.

f) There is considerable frustration among study participants as to where to begin to effectively alter this addiction picture.

g) There is considerable disagreement among professionals about how to work with clients who have drug and alcohol-related problems.

h) There is a need to recruit workers who are adequately trained and experienced in working with alcohol and drug problems. This is very demanding work requiring a broad range of skills.

i) Workers must be held accountable for their professional activities through some explicit supervisory process.

5.0 REPORTED GAPS IN SERVICES

5.1 Similar Gaps in Services Across Communities

A key step in the workshop process involved asking participants to identify gaps in services related to alcohol and drug abuse in their communities. Gaps express the distance between what is perceived to exist in a community and what the people would like to have exist. It is the difference in people's minds between what is and what is missing. Each group of participants was able to identify gaps but also recognized that more services would not necessarily solve all the concerns they had. The following statements summarize reported gaps in services that were fairly common across the eight workshops. They are organized under five broad headings: identification, information, operations, programs and facilities. The detailed gaps identified in each community can be found in Appendix B.

5.2 Identification

a) People identified a gap between the build up of an addiction problem and the timing of any intervention. All too often it appears that individuals and families must wait for a total health breakdown or a serious crime before there is a constructive reponse.

b) A very wide gap exists between the extent of addictions problems in communities and the extent to which the community is prepared to recognize and work with the problem.

c) There is a need to focus on the family unit in dealing with addiction-related concerns. Participants felt that all too often the alcoholic is treated in isolation from the family system.

d) The most heartbreaking gap - and certainly the most frustrating for families, professionals and communities alike - has to do with motivation. A problem may be evident to all those involved except the individual alcohol or drug user. The desire to quit may be a long way down the road and everywhere people feel powerless to speed up the process. Perhaps more than any other, it is the reality of this gap that causes so many to tune out the problem of alcoholism.

5.3 Information

a) There is a major gap in the awareness of service resources already available in each community. Often this lack of knowledge exists not only for the general public but for service workers as well.

b) There is a vital need for more public education about all addictive substances.

c) There is a key gap in the knowledge of many professionals concerning the effects of alcohol and drugs and appropriate treatment. This lack impacts on their ability to work with full effectiveness when dealing with problems in these areas.

5.4 Operations

a) Communities indicated a need for the strengthening of communication between service agencies. Many examples of breakdown at this level were noted.

b) There is considerable feeling about the concept of visiting or "parachute" services to outlying rural communities. For these regions there is a serious gap between providing an ongoing, quality service based on identified need and supported by local personnel and what now happens.

c) Most communities identified a lack of an emergency, 24-hour service for alcohol and drug-related problems. Weekends, holidays and the hours after 10 p.m. seemed to present the most critical time periods.

d) Hospitals will often admit a patient for medical detoxification but participants indicated that a lack of referral to community agencies often results in fragmented and ineffective support for the individual and his/her family.

e) There is often a gap between a service and those who need help. This is an intangible but very real consideration; something that workshop participants called lack of "approachability".

f) Generally, there is a lack of out-reach or out patient services for people with alcohol and drug problems.

g) Throughout all communities where native people make up a significant part of the population, there is a need for native and native speaking addictions workers.

5.5 Programs

a) There is a need for more extensive follow-up services in order to reinforce the gains achieved during treatment.

b) While specific employers have policies to aid employees struggling with an alcohol or drug problem, generally employers at all levels are seen to be lacking any established means of dealing constructively with people on their payroll. Even where such procedures exist, many employees are not made aware of this information.

c) While some schools in specific communities have acted to bring information about alcohol and drugs to their students, a gap exists in the educational system regarding a total program designed to meet the needs of students from elementary through high school.

d) There is a need for services to provide more extensive support in the home to bolster families during periods of crisis.

5.6 Facilities

a) Many communities identified a lack of diverse, accessible recreational activities for teens and young adults. Even in communities that have a range of recreational facilities, all too often these local alternatives to alcohol use were not used by many young people.

b) There is often no place for people to go after treatment or upon release from a correctional institution. Participants identified a need for interim facilities that would provide support while a person is looking for a job and dealing with the post-treatment transition.

c) Several communities considered the lack of less threatening store-front agencies to be a service gap. Participants wondered about the trend toward housing services, particularly counselling services, in large Provincial buildings away from "main street".

6.0 SUGGESTIONS FOR CHANGE

6.1 General Suggestions

As part of each workshop and each individual interview, people were asked to indicate their suggestions for improvement relating to any aspect of the issue of alcohol and drug use and abuse. No conditions or restrictions were imposed. The following list summarizes the most frequent suggestions that were raised across all or most communities. They are organized around the major focus of the suggestion: training, public education, service delivery, research and community life. The detailed suggestions provided in each community can be found in Appendix B.

6.2 Training

a) Most agencies, organizations and interagency councils felt that inservice training specific to alcohol and drug issues would be useful for their members.

b) AADAC was encouraged to offer inservice training sessions to such specific groups as police, doctors, hospital staff, public health nurses, and social workers. These professional groups often are in a position to intervene at strategic points in the addictions cycle.

c) Training for native people to allow them to work as addiction workers on reserves and colonies was put forward as a strong recommendation.

d) It was reported that many medical and social services professionals are not aware that AADAC's Henwood Rehabilitation Centre offers a live-in course open to them. Participants were urged to communicate this information to their respective groups.

e) Participants expressed interest in focused workshops for the public and small community groups on specialized subjects such as chemical abuse.

f) Considerable frustration was directed at the manner in which doctors dealt with the spouses and the families of alcohol dependent patients. It was suggested that workshops or in-service training be emphasized to deal with this issue.

6.3 Public Education

a) While the use of Catalyst Theatre was applauded, the planned use of follow-up programming (particularly in schools) was encouraged in order to make the best use of the enthusiasm and momentum generated by these productions.

b) People urged the continuation and expansion of AADAC's current media campaign. The themes of self-esteem and decision-making are well received. It was suggested that these be targeted to native youth and youth who can't afford to parachute or own a horse. Are the range of native communications media currently being used?

c) Basic life skills, value clarification and decision-making skills were felt to be an important part of the education component for young people, beginning in the pre-school years.

d) It was suggested that there is much education required for groups of employers regarding the nature of alcoholism and treatment options they might become involved in.

e) Churches were encouraged to develop a theology on addictions from which to initiate discussion and promote programming within their congregations.

f) More emphasis on family life education, as a preventive measure, was suggested - particularly with parents and families "at risk".

g) Education programs were encouraged to increase their effectiveness by having input from people who have been through the drug or alcohol cycles themselves.

h) It was felt that people often hold back from seeking help because of fear and unfamiliarity. It was suggested that public education should incorporate the idea that it is human to have problems. This could be bolstered by having service professionals speak in schools at the classroom level.

6.4 Service Delivery

a) All communities which acted as service centres stressed the need for the strengthening their services to satellite or outlying smaller communities.

b) Concerned about staff turnover and the perceived inability of AADAC to attract staff for some of its northern offices, people suggested better pay schedules, and other benefits.

c) The reported need for crisis service after regular agency hours (evenings and weekends) needs a close examination by AADAC and other professional staff in each community.

d) Elders, band and settlement council members should be involved in the expansion of services to reserves and satellite communities. All services should strive to work more extensively on this.

e) Many comments were made about the use of tranquillizers by the medical profession in the management of alcohol and drug dependent patients. It was recommended that the medical association be asked to re-assess this practice, as it was seen to delay rather than assist rehabilitative outcomes.

f) It was suggested that input from AADAC and Al-Anon be part of pre-marital programming.

6.5 Research

a) AADAC was encouraged to explore the extent of alcohol and prescription drug misuse among such specific groups as senior citizens and wives of men whose work involves being away from home for lengthy periods of time.

b) Communities must identify and make visible the existing resources they have to deal with alcohol and drug-related problems.

c) AADAC was asked to explore the areas of community concern about the two northern treatment facilities: Action North (High Level) and the Native Rehabilitation Centre (Bonnyville).

d) Participants wished to strongly urge the courts to seek sentencing alternatives to jail for selected alcohol/drug related offenses.

e) Participants urged that government take a clear look at its role in encouraging the prevailing attitudes toward alcohol. Government is profitting from sales that directly contribute to high accident rates and fatalities, family breakdown and reduced productivity among large segments of the drinking population.

6.6 Community Life

a) Some participants urged that the legal drinking age should be increased.

b) Some participants believed that the hours that bars and lounges can be open for business should be restricted.

c) Many communities reported a lack of activities for youth or a lack of response to the available range of activities. Youth workers needed community support in order to help local organizations direct their resources most effectively. Participants were urged to provide this support or assist in its development.

c) The sponsorship of "sober" community functions such as family dances, picnics, rodeos and the like should be encouraged.

e) Participants encouraged the use of AA programs and activities in each of the communities.

f) Police, courts and the full legal system were asked to enforce stricter penalties for drug pushers. Tighter law enforcement was stressed for offenses involving either drugs or alcohol.

g) It was felt that alcohol and sports should be separated. Participants asked that the sale of alcohol at sporting events be re-assessed and that penalties for use of drugs and alcohol on public premises be enforced.

h) Communities stressed that legislation should be passed that restricted the hours for beers ads on T.V. and that all labels and advertisements for alcohol be required to contain a health warning.

7.0 COMMUNITY STRENGTH: THE FIGHT AGAINST DE-MORALIZATION

7.1 Introduction

In part, this study has been an exercise of "re-inventing the alcohol problem". People repeated examples and arguments that were not new to them. The sad picture was once again brought into focus. Yet something still needed to be done. There had to be hope.

It is hard to expect that community people will continue to approach alcohol related problems with enthusiasm when their efforts have often been drowned by someone's next drink. The words vary (anger, impatience, discomfort, revulsion, bitterness, fear, concern, frustration) but the common feeling is often one of helplessness; that painful acknowledgment that one is impotent to alter the course of another's life, no matter how self-destructive that course appears to be.

It is from this place that professionals and lay people alike turn their time and their effort to areas in which they can actually see some of the fruits of their labour; where they feel they can make a difference. Because of the very nature of alcoholism, it usually is not one of these areas. In fact, in the words of one worker, "alcoholism is so big a problem it's no longer a problem; it's a cliché." Further, as one respondent stated, "alcohol is treated in such a cavalier fashion it's hard to think about it with anything but dismay." Human words, spoken from long years of trying. Words that could have been spoken by many across Northern Alberta.

Against this disheartening backdrop, the positives stand out in dramatic relief. And positives there are. Many of them. Indeed, large numbers of people are offering much time and energy over and above their job requirements in an effort to stem the destructive aspects of alcohol and drug use. They are speaking in schools, volunteering with youth, holding seminars, playing in bands, lobbying for services, staying after hours, teaching and training, treating another wound, picking up another body, sitting with those in pain, driving a dusty or icy road one more day and leaving knowing it was not

enough, giving support, offering options, and opening their hearts and homes when nothing else is available. In short, there is a core of committed, involved and determined people all across the North who refuse to give up in the face of overwhelming odds; who choose to care again and again.

7.2 General Community Positives

7.2.1 AA Groups

Alcoholics Anonymous plays a vital role in the North and is acknowledged by their communities as a mainstay in the turbulent struggle against addiction. Time and time again, its members are on hand to support, listen and demonstrate - by living example - that options to alcohol and drugs do exist. From a philosophy which balances a low profile with a steady presence, AA seeks to be available and on-call to persons needing critical intervention as well as to those requiring maintenance support. They are to be found over a cup of coffee in a restaurant, with time to talk. Often they will sit by a patient's hospital bed, easing a night of terror and pain. Members are often called to hotel rooms, homes, and jails and they are just as willing to take time from their business routines if they sense a need or a shakey friend drops by.

Al-Anon a support group for the spouses, children and friends of active or recovering alcoholics, plays a critical role in sustaining marriages and total families. This group offers a fellowship of people of similar experiences and affords a place where masks can be dropped.

Al-A-Teen, increasingly, is allowing teens to deal directly with the whole mix of feelings about an alcoholic parent or learn the facts about alcohol dependency in order to better cope in their own world.

Lives can be turned around and perhaps more than any other single force, Alcoholics Anonymous - together with Al-Anon and Al-A-Teen - is working throughout Northern communities to do just that.

7.2.2 Anti-Smoking

Participants drew encouragement from the results of the anti-smoking campaign, feeling that, with time, a concerted campaign could effect similar attitude changes with respect to alcohol and drugs. Not smoking is now accepted as legitimate and new social norms are developing to control smoking.

7.2.3 Prevention

There is strong support for an emphasis on prevention. People want a positive approach based on education for life, including decision making, value clarification, acceptance of responsibility and esteem both for self and for community.

7.2.4 Role Models

Many participants expressed awareness of themselves as role models in their communities and were conscious of the potential impact they might have as a group on public attitudes and behavior regarding non-alcohol alternates of various kinds. People realized that there is no one solution; there were many approach points. All arise, however, from the questions: What are we willing to change in our own lives and in our own communities?

7.2.5 Churches

Churches in many communities were taking an active part in the search for solutions to complex local issues, including alcohol and other chemical abuses. They were providing space and support for AA, Al-Anon and Al-A-Teen groups, were encouraging clergy to attend community meetings and serve on local boards and were exploring alcohol and drug concerns within their counselling function to individuals, couples and family units.

7.2.6 Community Action

Many individual service professionals have defined specific actions that they can take in an attempt to alter the addictions scene. Some RCMP members were speaking to children in the classroom; some doctors were informing themselves about referral resources, some judges were seeking sentencing alternatives to jail; some pharmacists were engaging in public education with local groups; some teachers were listening to the emotional needs of their students...and the list could go on. Certainly a core of concern and action is present in Northern communities.

7.2.7 Native Groups

Many native leaders, concerned parents and professionals attended the workshops. They represented a wide range of groups actively dealing with the issues of alcohol and drug abuse among native people. A number of native participants were also active in A.A. These native people represented a powerful force at work in Northern towns, Colonies and Reserves.

7.2.8 Community Medical Services

While no doctors attended our workshops, many set aside time for interviews in their offices or in the local hospital. Many nurses involved in hospital and public health work did attend. Together they indicated a desire to take some new steps to increase communication between themselves and others in the area of alcohol and drug use and abuse.

7.2.9 Police

Almost every workshop had R.C.M.P. participation. Concern with the issues, with community relations and community services was strong. The individual members were very supportive of all attempts to improve services, including their own. Many were using their own time to reach out to young people in their communities, especially through sports and education in schools.

7.2.10 Family and Community Support Services

Many representatives of F.C.S.S. participated and were part of the community emphasis on prevention. The role of support services to individuals and families prior to breakdown needs to take on an ever-increasing focus in the addictions field. Agencies such as F.C.S.S. offer a range of programs to meet changing community needs.

7.2.11 School Personnel

Some principals, teachers and school counsellors were highly involved in the workshops. It was not always clear whether or not alcohol and drugs were an issue in particular schools. However, many school personnel were deeply concerned and committed to urge that more programs dealing with the effects of alcohol and drug abuse be an integral part of the curriculum.

7.2.12 Volunteers

Many people were interviewed or came to the workshops because they wanted to help improve life in their community. Many paid workers in various agencies were also "volunteers" after hours. Together these volunteers were creating a significant force for further action.

7.3 AADAC: A Positive Community Force

7.3.1 District Offices

AADAC currently supports two Regional and eleven District offices in the North. These have been well received and have become an important addition to the family of addiction services. They provide a central focal point for information and service to local residents and organizations. Many other communities have expressed the desire to have such offices.

7.3.2 Funded Agencies

AADAC utilizes some of its resources to provide support for private groups. This approach has been seen as a major factor in the development of some 13 basic Northern services. These primarily involve Native people. The availability of this program has led to the development of local leadership and the testing of innovative ideas.

7.3.3 Media Campaign

AADAC's current media campaign was applauded throughout the North. People appreciated the underlying themes of self esteem, decision making and of walking tall as one dares to make life style choices that may not be mainstream. To many participants, the positive approach of the ads and posters represented a welcome shift from other public campaigns based on fear and guilt. In essence the word back to AADAC is: Terrific. Make the most of a good thing, AADAC!

7.3.4 Community Campaigns

The AADAC sponsored, community-based campaigns have been well received at the local level. This concept, designed to build on the larger media campaign, allowed for local creativity, interest, and initiative. In short, they allowed people to become involved. In the process, young people had an opportunity to learn and wonder about mood-altering substances as well as become more aware of the role of AADAC as it operates in their own community. Such programs as High Level's "Clever Classmates Competition" and Grande Prairie's "Battle of the Bands" exemplify the success of this concept. (See Figure 3.8 for a description).

7.3.5 Community Programs

AADAC attempts to both support on-going prevention programs and to co-sponsor them in areas of need. In this way AADAC performs a role as a support service. This has been especially true in working with youth in

and out of the regular school program. In the community of Grand Cache one such activity involved organizing a Willmore Wilderness Park expedition for youth. (See Figure 3.9 for a description).

7.3.6 "Strut on Demand"

'Strut on Demand', a Catalyst Theatre production sponsored by AADAC, has had a real impact wherever it has been presented. Though controversial (some workers reported that they were called upon to deal with the mixed reaction of some parents, primarily triggered by language), there was a general expression of support by schools, by students, the local AADAC workers and by those agency and service personnel who were aware of the production and it's aims. For future productions, follow up was seen to be the key to drawing out the themes for classroom discussion. The actors themselves certainly create a momentum that can be a real vehicle for AADAC's caring challenge to youth.

8.0 CONSULTANT CONCLUSIONS AND ANALYSIS

8.1 Introduction

We believe that the focus for immediate action in the North relative to addictions must be on each community and the people who live there. Much can be done by community people to effect improvements at the community level so that 5-10 years from now improper use of alcohol, drugs and inhalants becomes less of a social issue. The role for all outsiders is to support and strengthen all community addiction services.

In all the workshops and interviews Northerners clearly stressed to us that they accepted a responsibility to act to improve addiction services in their own communities. They felt that they could do more with the resources available to their communities. However, this did not eliminate their desire to work in partnership with the various levels of government to provide additional resources where required.

Our conclusions are derived from our consideration of all that we were privileged to experience during this study process. We believe that we have captured the essence of what we were told. These conclusions form the backdrop against which we developed the Northern Addictions Strategy discussed in Section 9.0.

We have been selective in our conclusions and analysis and recognize that we do not cover all the issues involved. We also recognize that other people might place different priorities than we do. We know that much more could be written on each topic area.

8.2 Documentation Issues

It is very difficult to document the extent of alcohol and drug abuse or to document the precise role they play in many social problems. One phrase that

repeated itself a number of times in different ways went something like, "we know it's a problem, but we can't prove it to the satisfaction of financial people". A considerable number of experiences related to addiction were described in detail throughout the study process. Many of those reporting their observations were people with years of experience in their field and in Northern communities.

Basically the statistical systems developed in helping organizations are not designed to compile alcohol or drug related information systematically. Detailed descriptive information is often too extensive to summarize and funds are not available to reorganize the statistical or qualitative data. More important, the information is not easily disentangled from the other characteristics of the case in question. There is also reluctance on the part of some personnel to indicate an addictions problem, so other phrases are used. The issue of client confidentiality also arises keeping certain information private to a particular person or a particular agency.

However, enough information was provided by doctors, nurses, police, judges, social workers, counsellors, A.A. members, and teachers to convince us that the present statistics are simply "the tip of the iceberg". If we really could look closely at the social and economic costs involved in dealing with the negative effects of alcohol and drug abuse, we would be shocked. As a society, we would have to face the fact that we do not give this issue the attention it deserves. Certainly some general information is available which hints at the extent of the addictions problem. These include impaired driving, intoxication offenses, and some medical categories such as cirrhosis of the liver.

The researchers attempted to collect and to encourage the collection of local data which would confirm or relate to the respondents concerns. Appendix C contains some examples of available information and what could be organized more systematically in future research. These are examples only but they do provide some valuable insights about alcohol and drug problems in the North.

8.3 Alcohol and Drug Abuse as a Northern Alberta Problem

It became clear through the study process that considerable confusion surrounds much of the terminology about alcohol and drug misuse. Indeed, in few other areas of research have uninformed opinions so extensively replaced knowledge as a basis for constructive discussion and action. For the purposes of this Report, we have not attempted to make finite distinctions between such terms as alcoholism vs problem drinking or to determine the fine line between alcohol or drug abuse and addiction. Rather, the focus has been on facilitating each particular community as it sought to identify the ways in which alcohol and other chemical substances manifested themselves as local problems, whatever words a community chose to use in relating their particular views.

Irrespective of the diverse terms, the bottom line appears to be that dependency on alcohol, drugs or other chemical agents takes over as an individual uses these substances regularly in order to deal with his/her life circumstances. The vicious cycle is reinforced in that use itself creates or compounds problems for the person and for others.

The outcome of such dependency impacts on the individual and his/her family, on the community to which he/she is attempting to relate, and on the larger society in general.

Dependency as an Individual Problem: Wherever the specific location, most Northerners could relate their responses about alcohol and drug abuse to real people struggling with concrete problems, be they relatives, friends and neighbours or more distant community members. In many cases, they had felt helpless and perplexed as individuals had become increasingly unable to carry out their family and job responsibilities, had damaged their emotional and physical health, had abused others, and, often, had come into conflict with the law.

Dependency as a Community Problem: A significant number of community members suffer directly or indirectly from the consequences of alcohol and

drug abuse, thus creating or contributing to other legal, social and medical problems such as family breakdown, economic difficulties, ill health, etc. One result of alcoholism as a Northern community problem is that it places great strain on helping agencies, including law enforcement, education, social and health services.

Dependency as a Societal Problem: Many Northerners believe that there has been an increase in social problems over the years. They attribute this to the increased promotion of alcohol and drugs and their increased, easy availability. The lowering of the drinking age, more liquor stores, more outlets, longer business hours, more alcohol advertising, more use of alcohol at social and recreational events, in combination with a prevalent social attitude that endorses alcohol consumption and condones many forms of alcohol abuse, have come together to intensify abuse problems.

In fact, these three aspects of drug and alcohol abuse cannot be isolated one from the other, for their impact is both connected and cumulative. Certainly alcohol and drug abuse is a major Northern problem involving a high percentage of people and generates serious individual, community and societal concerns.

Many previous studies have indicated that alcohol abuse in Northern communities is a major, if not the major, Northern social/health problem. Our work convinces us that this is not an exaggeration. In fact, alcohol is involved in almost all the social/health problems experienced by Northerners. For those dealing with human problems, alcohol causes or complicates many of these problems and becomes a major generator of their workload.

Drugs are usually not seen in as serious a light as alcohol or are seen as less significant in comparison to the problem of alcohol. While the negative effects of drug use are not perceived to be as extensive as alcohol, our work convinces us that they are serious. This is especially apparent with respect to the use of various chemical substances or inhalants and with the abuse of both prescription and non-prescription drugs. These "drug" users do require

closer study. In some communities drug issues may be as serious as the alcohol ones.

8.4 Community Awareness and Willingness to Act

In spite of the fact that alcohol and drug abuse is of major concern to the people involved in our study, it is also clear that it is usually not an issue of broad community concern. There are particular crises or particular aspects of abuse that achieve notoriety from time to time; however, overall it is not a community issue. It is mainly a concern for those delivering a service or for those who are reformed. Addiction is not at the level of a community-recognized problem deserving drastic attention.

Alcohol and drug use are deeply established patterns in most communities. Associated problems are seen as unfortunate but inevitable in our society. The dangers are acceptable parts of the pleasure. The economics of it mean that you cannot control it without hurting the business base in the community.

A percentage of people in each community are total non-drinkers. Their influence on drinkers is limited. In many cases they form a sub-group with little meaningful contact with drinkers and almost no contact with abusers. However, these individuals and groups provide models of alternative, non-alcohol, life styles. It is much harder to identify the non-drug user population and their influence.

Generally the leadership in almost all the communities involved is seen as uninterested in giving alcohol and drugs a high community profile. The abuse issue is seen as an old song which raises unsolvable issues and gives the community a bad name. It is not worth addressing and can raise serious conflicts between users and non-users. Most leaders appear to believe that it is best to ignore drinking and drug taking issues. The basic approach appears to be either to make light of it or hide it. Any successful attack on alcohol and drug abuse will require a broadly-based community leadership that is

willing to bring issues out into the open and work towards community commitment and action.

8.5 Alcohol and Drug Abusers and Personal Problems

While it is difficult to define exactly when the use of alcohol and drugs becomes an abuse, it is clear that most abusers do not define themselves as having or causing a problem. "Being drunk" or "being high" are often perceived as acceptable states not to be worried about. Even individuals who are heavy users often do not believe that they have a problem or need help. This means that people often do not come for help until they are seriously addicted or become involved in a serious conflict, accident or illness.

The denial aspect of alcohol and drug use is so strong that some people believe that no one can be helped until they "hit bottom" and want help. Unfortunately this means that it takes a long time and many other people will probably suffer before help is utilized. Alcohol and drug use and abuse are seen as such an acceptable part of Northern life that there is little community or family encouragement to recognize or break the habits early. For many helping agencies or social control organizations, this fact provides their greatest frustration and greatest challenge. These agencies serve a clientele who are often unwilling to seek help or identify their behavior as a problem.

For many reasons, it is not often socially acceptable to seek help or to encourage others to seek help early in their alcohol or drug use history. We were presented with many stories where serious alcohol or drug related problems were explained away by family members, business associates, school friends or medical people. We need to continue all education efforts to turn this social attitude pattern around. Earlier identification of a problem and the earlier seeking of help can assist in avoiding many of the long term negative consequences of addiction.

8.6 Addiction Services

People in almost all the communities we visited indicated that there are a large number of social and health services available either in their community or in their region. A large number of service staff are also personally committed to helping addicted people. Many reported that a few years ago almost no one would have turned out for a workshop on this subject. Currently there is considerable interest in dealing with addictions issues.

Workshop participants, and those interviewed made, it clear to us that a range and diversity of services are necessary in this field. No one approach relates successfully to all addictions. It is also evident that addictions are part of the mandates of many services and it is not appropriate for AADAC to be the main service for all addictions. AADAC can be a "lead agency" and perform valuable facilitating and educating functions in many communities. It is unwise to have any agency or group accept the total responsibility in the addictions area. This can lead to an abdication of community and other agency responsibility in this broad social problem. Addiction is a multi-responsibility issue.

Even though there are many excellent Northern addiction services some Northern communities have few such services or no regular services. The needs of these communities must be examined within some policy framework which outlines the basis for all Northern addiction services. Some examples brought to our attention include the need for more regular addiction services to such places as smaller resource centres, rural communities and the more isolated settlements.

The issue of locating detox and more residential treatment centres in the North requires clarification of the role of the proposed Federal programs in Grouard, Beaver Lake, and the proposed Provincial facility in Grande Prairie. There is also a need to clarify the operation of existing treatment centres in the North and in Edmonton as it relates to these new facilities.

8.7 Interagency Coordination and Cooperation

Every community workshop expressed a need for some type of community interagency group. In most communities this group is either not operating or not operating well. There was some concern about how to organize such a group and maintain its usefulness. The negative effects of addictions cut across most jurisdictional lines. Other problems also have this effect. At the same time we were doing our work, separate community discussions of suicide and of mental illness were also taking place.

Some of the issues requiring resolution are: Who is to lead the group? What is to be its specific mandate and manner of operating? How are they to deal with the different agency definitions of confidentiality? How can the medical profession be built into it? Do these types of groups require changes in particular agency mandates? Should the group only involve agency staff or other community members as well?

It is clear to us that some form of community interagency or coordinating group is necessary in all the Northern communities. It is also our view that the form it takes should emerge out of each local situation. Any interagency group is highly dependent on the personalities of the local participants. However, support from AADAC, NADC and operating government departments can facilitate a group's formation and operation.

An aspect of interagency coordination and cooperation involves the relationship between community addictions services, AADAC's funded agencies and the Federal government's funded agencies. This link appears to be very weak especially with respect to native groups and communities.

Another part of this picture relates to all Alcoholics Anonymous groups. Without question, A.A. is a major voluntary support group providing many valuable services in the addictions area. Government service agencies should emphasize the need to work together with A.A. and similar groups in as many ways as possible. There are sometimes serious disagreements between

particular A.A. groups and particular community agencies. These need to be dealt with directly and not allowed to weaken any addictions services. A.A. groups provide a range of supportive services which are essential.

8.8 Knowledge and Skills Among Helping Professionals

We were repeatedly told that many helping professionals in communities have inadequate knowledge of the functioning of addictive material or of constructive modes of treatment. Indeed, it appeared that at times some were giving outdated or questionable advice. Certainly, few helping professionals have received much alcohol or drug education or training in their academic preparation. This often meant that important community professionals have little or no expertise in this crucial area. Some professional groups identified in this connection were doctors, nurses, teachers, police and social workers. Some concern about this expertise was also expressed about particular workers in other governmental and non-governmental addiction-related services such as counselling programs, detox and treatment centres.

To our mind, it is quite clear that many professionals are not competent to deal with particular addictions. Many freely admit this. One important role for AADAC must be to assist in the upgrading of professional knowledge and skills in each community relative to alcohol and drugs. It is also important that the NADC assist in this process by liaising with various provincial professional associations.

8.9 The Need for Public Education

There is a need to saturate the public with accurate information on the use and abuse of alcohol, drugs and inhalants. This coverage must be as extensive as that given to the health hazards of smoking or of diseases such as cancer. There also needs to be an emphasis on the responsible use of alcohol and drugs and on the development of healthy life styles.

Addiction is not a popular topic, especially when it relates to either decreasing consumption or seeking help. In our opinion alcohol, drug or chemical substance information should be readily and regularly promoted in all the schools and through all media sources to adults. Special programming is still needed on drinking and driving, gasoline and glue sniffing, alcohol and health and the abuse of prescription and non-prescription drugs. Public education needs to include a variety of approaches. A.A. groups should be encouraged to continue and expand their own fine educational work.

The majority of participants are also of the opinion that more information is needed in the schools at all levels, including kindergarten and pre-natal classes. Many feel that it should begin in the early primary grades in order to assist in true prevention. The general adult public is also seen as needing information in order to begin to affect the addiction-supportive attitudes that prevail in our society.

We were challenged to point out the need for life-long public education that would encourage people to take responsibility for their own bodies and their own well-being. To some degree, we are a society that sees pills as the solution to stress and frustration. While this is a concern that asks health professionals to examine their role in fostering drug dependency, it is not just a medical issue. People need to be taught that their own physical, emotional, mental and spiritual well-being is largely within their own control. To reinforce such an attitude, public education needs to promote life skills that allow people of all ages to meet daily crises in constructive, responsible ways.

The recent AADAC media campaign and various community projects are well received. The strength of this campaign lies in its offering of constructive alternatives and in its emphasis on positive life style choices. We feel this positive approach should be extended to all aspects of public education. There is some concern that these AADAC programs do not meet the information needs of working class people or certain identifiable groups such as Old Colony Mennonites and Native People. Almost everyone feels that they are good

steps in the right direction, but need to be tailored to various Northern groups.

8.10 Treatment Issues

Under this broad category, we would like to comment on all those efforts that take place in dealing with someone in an intoxicated state or when seeking help. There is considerable variation in the definition as to what constitutes treatment for any particular addiction. For many it is talking to someone about their problem; for some it is the provision of medical-type services; for some it is following a particular therapy approach; for some it is being there through the pain; for some it is prescribed lectures or films. Some people even define treatment as anything you do with a person in need.

The issue of treatment raises some very important questions. What kind of help is truly helpful? How are treatment counsellors qualified? How are they supervised and assessed? Who in the community provides treatment services? What is the nature and the limit of that service? Many Northerners desire that "treatment" be provided in their communities. Many perceive that treatment is one of AADAC's special services.

All of these questions suggest that each addiction service's role in treatment requires careful definition, review and mandate clarification. This review must be both internal to a particular service and then external to other related community and regional services. It must relate to each service's work in each individual community served.

As the term is used in this section, treatment refers, not to a particular counselling method, but to the concept of a continuum of care founded on a full range of services. Within this context, a community is better able to respond to people with alcohol related problems to the extent that they have access to a comprehensive network of services. This network requires programs

that cover the full range of service: outreach, emergency, inpatient, transition, outpatient and follow-up services.

Within this network of treatment services, the quality of staffing was considered to be the key to successful outcomes with alcohol and drug abusers. It was felt that while the service framework often was in place, a shortage of appropriately trained personnel presented the greatest gap in some Northern communities. Further, the extensive administrative districts of the North make considerable demands on the staff who serve these areas. Not only does this make highly qualified staff members essential but it also necessitates the continuous provision of supportive supervision and access to upgrading educational opportunities within the addictions field.

Our assessment of the current capacity of Northern communities to respond to their alcohol and drug related issues is that many of the components of such a network now exist in some areas of Northern Alberta, or are in the planning phase. What appears to be missing is a clearly articulated plan of action that relates to an effectively coordinated system of Northern treatment and support services. There is a two fold requirement for turning this situation around: 1) a focused strategy or approach to alcohol and drug concerns for communities in the North and 2) a client-focused linking of services based on a comprehensive approach to treatment.

Any approach to community treatment services and planning must recognize that the task of providing comprehensive alcohol and drug treatment programs is an expensive and extensive undertaking. Neither money nor community energy is inexhaustible. Certainly there is never enough money to do all that inevitably needs to be done. For this reason, the initial task of any concerned community group is the development of priorities. This requires that requests for new programs and facilities be balanced against the creative use of existing resources wherever possible. Study participants accepted the fact that there was much that they could accomplish themselves but that it also required a partnership between government and the community.

The key to effective community actions is probably the same ingredient that is basic to the rehabilitation of alcohol and drug abusers: the presence of committed, knowledgeable and caring people. If local, regional and provincial services are to function to their fullest capacity, it will continue to demand committed people in decision-making roles at all levels.

8.11 The Needs of Youth

In community after community, concern over youth was expressed. The fear exists that we are training many in this generation to follow a destructive addictive path. Special attention is still needed to provide information to youth, in and out of school, in direct and honest ways. There is still a great deal of ignorance about the effects of all addictive substances on the body. Various programs such as Catalyst Theatre have received excellent responses. More programs need to be specifically tailored to the different age groups and need to be focused on prevalent addiction issues.

However, more than information is required. There is an urgent need for an increased number of caring adults to involve themselves in the lives of youth. Primarily, this demands a commitment to strengthening the family wherever possible. Also, many people indicated that there are gaps in recreation for Northern youth. This is a very controversial theme in that others felt there are enough activities to do, but no motivation to pick up on what is available. Whatever the reason, we suggest a reexamination of recreation with a special focus on young people who are not involved and in identifying the barriers to involvement.

Communities also need to provide interesting non-alcohol and non-drug social alternatives. Almost all home and community social and recreational activities seem to require alcohol to be defined as successful. It will require major work by adults and young people to break this well-established norm: that "the good life" requires alcohol and drugs. Sober Family Dances have been one creative response to this need.

8.12 Senior Citizens

A strong sub-theme throughout our workshops concerned the use of alcohol and drugs by senior citizens. Information needs to be directed to seniors and their families about the negative effects of alcohol abuse and the misuse of prescription drugs. This "behind the drapes" issue was well illustrated by many people from smaller communities. There seems to be an implicit encouragement given to seniors - relax, drink up, enjoy yourself in your old age; you deserve it. Our impression is that this issue must be looked at community by community to identify its nature and extent. Further, communities need to examine how willing they are to expend effort to keep older people incorporated into meaningful family and community activities.

Much of the worry over alcohol and drug use is seen to connect with loneliness and failing health. It is not clear that this use is all negative. What is clear is that information and treatment for seniors may be needed along with increased meaningful contact between people of different age groups. It is especially important that medical personnel involved with seniors understand and examine their role with seniors and the treatment they recommend.

8.13 Native People and Alcohol and Drug Use

The special role that alcohol, and to a lesser extent drugs and inhalants, plays among Native people cannot be ignored. Many Native people drew our attention to alcohol's destructive role for Native people, both in smaller communities and in the larger Northern centres. While alcohol is by no means only a Native problem, it is visibly a very serious Native issue. Much more work needs to be done in trying to understand this issue and in developing constructive services for Native people. Destruction is not too strong a word to use and abuse statistics and individual case examples bear this out.

However, along with this negative picture there are many Native people and groups seeking to provide addictions services. Many receive Provincial and

Federal government funding. A.A. groups have formed that are helping in turning some communities around. There is a continuing need to provide training for current Native workers in flexible ways. Non-Native workers are seeking to better relate their services to Native people. There are many encouraging signs but the needs are great.

To our mind, two areas require immediate attention. First, there must be an increased working together and liaison between Native and non-Native addictions workers. Various addictions services must clarify their relationship to Native communities. Even when no direct services are involved, there must be supportive contact between workers. Second, there must be support and training for all volunteer Boards. It is not enough to give money. Native people need to have other resources provided to assist them in a way that enables them to work better. We often heard Native people requesting support in these two areas.

Any training for people working with Native people needs to include knowledge about, and sensitivity to, cultural differences. There must also be an awareness of the different policies and priorities between agencies or groups funded by the Province and those funded by the Federal Government.

8.14 AADAC in the Community

AADAC is a welcome service that has already established considerable credibility during its ten years of operation in the North. However, a number of issues do require attention. Much is expected of each district office. They must provide treatment services, community education, agency coordination, community development, program promotion and extension services to nearby communities. Other community agencies and groups need to know what AADAC clearly seeks to do and not do. AADAC workers need to set limits for themselves based on a set of clear community and agency criteria. Quality in service must be emphasized. The addiction problems are so extensive in most

Northern communities and the travel conditions so time-consuming, that workers could easily do a little of everything and do nothing well.

A clearer definition of an operating mandate is required and a hiring policy commensurate with it. It also requires a policy as to which services the North ought to expect from AADAC in terms of district offices, detox centres or treatment facilities. It requires a clearly stated policy regarding the relationship between AADAC's regular operation and its funded agency program. The role of AADAC and the Federal addiction services also requires attention.

It is our impression that the time has come to review AADAC's past role in the North with a view to clarifying these issues. This is a good time to do this because it takes place in a positive climate of community opinion. Most of the AADAC workers we talked with also indicated a willingness to review their role within the family of community addiction services.

AADAC is a key link in dealing with problems relating to alcohol and substance abuse. The demand for its services will increase. Its role vis-a-vis all other existing services must be made clearer.

8.15 Summary of Conclusions

This chapter has presented our conclusions based on this Study process and our own professional experience. We have been selective in our conclusions and analysis and recognize that we have not covered all of the issues involved. We also recognize that other people might have different priorities and might place different emphasis than we do. Certainly the current situation with respect to alcohol and other substance abuse in the North can be viewed in a variety of ways. Our own best judgement suggests that the following statements require immediate and long term attention. These are brief statements which attempt to capture the essence of our previous discussion. Please refer to the text of section 8.0 for their more complete meaning. The next chapter will deal with an overall strategy or approach to these issues.

8.15.1 Alcohol and Drug Abuse as a Northern Alberta Problem

a) Alcohol abuse in Northern communities is a major, if not the major, Northern social/health problem.

b) Alcohol is involved in almost all the social problems experienced by Northerners.

c) For people delivering a helping service, alcohol causes or complicates many problem situations and becomes a major generator of their workload.

d) While the abuse of drugs is perceived to be less extensive than alcohol, in some communities the abuse of inhalants and/or other chemical substances may be as serious as the abuse of alcohol or drugs.

8.15.2 Community Awareness and Willingness to Act

a) Alcohol and substance abuse is usually not an issue of broad community concern.

b) Alcohol and drug use are deeply established patterns in most communities.

c) The basic approach to alcohol and substance abuse appears to be either to make light of it or hide it.

d) Any successful attack on alcohol and drug abuse will require a broadly-based community leadership that is willing to bring uncomfortable issues out into the open and work towards community commitment and action.

8.15.3 Alcohol and Drug Abusers and Personal Problems

a) Most abusers do not define themselves as having or causing a problem.

b) There is little community or family encouragement to recognize or break negative user patterns early.

c) Most people do not come for help until they are seriously addicted or become involved in serious conflict, accident or illness.

d) Many agencies serve a clientele who are often unwilling to seek help or identify their behavior as a problem.

e) It is not often socially acceptable to seek help or to encourage others to seek help early in their alcohol or drug use history.

8.15.4 Addiction Services

a) No one approach relates successfully to all addictions.

b) A range and diversity of services are necessary in the field of alcohol and substance abuse.

c) There are a large number of social and health services available in the North.

d) Even though there are many excellent Northern Addiction services, some Northern communities have few such services or no regular services.

8.15.5 Interagency Coordination and Cooperation

a) In many communities interagency groups are either not operating or are not operating effectively.

b) Some form of community interagency or coordinating group is necessary in all the Northern communities.

c) Alcoholics Anonymous is a major voluntary support group in the North providing many important services.

d) There are sometimes serious disagreements between particular A.A. groups and particular community services and service personnel. These need to be dealt with directly and not allowed to weaken any addiction service.

8.15.6 Knowledge and Skills Among Helping Professionals

a) Many helping professionals in communities had inadequate knowledge of the functioning of addictive material or of constructive approaches to the problem of substance abuse.

b) Few helping professionals have received much alcohol, drug or substance abuse education or training in their professional preparation.

c) AADAC and NADC have important roles to play in assisting in the upgrading of professional knowledge and skills.

8.15.7 The Need for Public Education

a) There is a need to saturate the public with accurate information on the use and abuse of alcohol, drugs and inhalants.

b) There is a need to educate the public on the responsible use of alcohol and drugs.

c) More information is needed about alcohol and substance abuse in the school for all grade levels including kindergarten and pre-natal classes.

d) Media programming such as AADAC's current campaign, offering constructive

alternatives and positive life style choices needs to be extended to all aspects of public education.

e) More public education is needed for specific Northern groups and should include a whole range of information and prevention approaches.

f) There is a need for life-long public education that encourages people to take responsibility for their own well-being.

g) There is a need to promote life skills that allow people to meet daily crises in constructive ways.

8.15.8 Treatment Issues

a) There is considerable variation in the definition of what constitutes treatment for each addition.

b) Each addiction services role in treatment requires careful definition, review and mandate clarification especially as it relates to any individual community.

c) Part of any service review needs to deal with the issues of adequate numbers of trained addictions workers and the type and quality of supervision.

d) A community is better able to respond to people with alcohol-related problems to the extent that it has access to a comprehensive network of services.

e) Many of the components of such a network now exist in some areas of Northern Alberta, or are in the planning phase.

f) There is a need for a clearly articulated plan of action that relates to an effectively coordinated system of Northern Alberta treatment and support services.

g) The initial task of any community action group is the development of priorities.

h) If local, regional and provincial services are to function to their fullest capacity, it will continue to demand committed people in decision-making roles at all levels.

8.15.9 The Needs of Youth

a) Special attention is needed to provide information to youth, in and out of school, about the effects of alcohol, drugs and inhalants.

b) More programs need to be specifically tailored to the different age groups and need to be focused on prevalent local addiction issues.

c) There is an urgent need for increased numbers of caring adults to involve themselves in the lives of youths.

d) Communities need to provide attractive non-alcohol alternatives in order to break the well established norm which equates "the good life" or recreational activities with alcohol.

8.15.10 Senior Citizens

a) Information needs to be directed to seniors and their families about the negative effects of alcohol abuse and the misuse of prescription drugs.

b) Medical personnel need to examine their role with seniors and the treatment they recommend.

c) Communities need to expend effort to keep older people incorporated into meaningful family and community activities in order to reduce feelings of loneliness and alienation.

8.15.11 Native People

a) While alcohol abuse is by no means only a Native problem, it is visibly a very serious Native issue.

b) Native people need to have resources provided to assist their efforts in a way that supports them in taking increasing responsibility for their lives.

c) There must be an increased working together between Native and non-Native addiction workers.

d) Various service agencies must clarify their relationship to Native communities.

e) Any training for people working with Native people needs to include knowledge about, and sensitivity to, cultural differences.

8.15.12 AADAC in the Community

a) AADAC is a welcome and valued service in many Northern Alberta communities.

b) AADAC is a key link in dealing with problems relating to alcohol, drug and substance abuse.

c) The role of AADAC in relation to all other existing community and regional services must be made clearer.

d) The role that AADAC seeks to play in many community needs to be made clearer.

e) A clearer definition of an AADAC's operating mandate is required, along with a hiring policy commensurate with it.

f) It is time for AADAC to develop and describe a Northern addictions strategy, including policies regarding the location and future operation of existing and planned services and the relationship to Federal services.

g) There appears to be a positive climate now within which to re-examine service mandates and roles.

9.0 NORTHERN ALBERTA STRATEGY FOR ADDICTIONS SERVICES

9.1 Introduction

A strategy can be defined as a plan of battle. For many people who are dealing with the negative effects of alcohol and drugs, they are engaged in a battle, a deadly serious one. In community after community, it was made clear to us that alcohol and drug addiction is a pervasive, serious problem, involving many people and affecting almost everyone in the community. The problems created by the improper use of alcohol and drugs are well recognized by those who seek to directly deal with them. But, in spite of an increasing and impressive array of government and private services, most people we encountered feel that the battle against addiction is either at a standstill or actually being lost. Unlike a military battle, there is no clear time of victory or defeat. Whatever the conditions, people need to cope with addictions as best they can without any assurance that the overall problem can be defeated. At best, people hope to bring the conflict under some degree of control, to deal with the casualties in a more helpful way, and to prevent the recruitment of more participants.

Given that our reflections in Chapter 8 are reasonably accurate, what directions regarding addiction can be set for Northern Alberta communities in the 1980's? Delegates in the Review Workshop basically supported all these conclusions with only minor modifications.

Any strategy or plan has to be directed to some ends or objectives. What is possible to achieve in this war against the negative effects of alcohol and drugs? What should residents of Northern communities seek to achieve for themselves, for their families, for their communities with regard to the old "demon" alcoholism and the newer "plague" of drugs and inhalants? What should groups such as AADAC and NADC set as reasonable priorities?

No strategy or plan can be executed or examined without some idea of what is being sought and who will do it. We will propose some suggestions with the

hope that this will stimulate discussions and result in activities that will make sense to Northern Alberta residents. Their input to this report through the Review Workshop has modified and added to our suggestions.

The Government of Alberta, through its various departments, often sets standards for many services. In recent years the Government has sought to provide specific levels of service to meet various needs involving schools, hospitals, roads, policing, water, sewer, gas and electricity. Targets were set and met. In the area we are dealing with, it is much more difficult to do, but the exercise needs to be done.

We will provide a set of selected goals, including suggestions for action. These together will constitute a Northern Addictions Services Strategy for consideration by Northern residents and government and non-government agencies. It is our hope that these suggestions will stimulate many others. The Review Workshop delegates did expand on these suggestions. Their comments have either been incorporated in this chapter or noted in Chapter 11.0.

9.2 Major Goal: Increased Community Competence

Our experience indicates that any successful approach to the problems of alcohol, drug and inhalant use at this time in the North must be based in the local community. Efforts must be designed to build up the competence of the community to deal with their people and their problems. To achieve increased community competence requires a focus on increasing the abilities of all those people who live and work there. In this respect, one needs to focus on both the personnel providing various addictions-related services, and on all other community citizens. For the most part, people in the North live and work in the same community. While some services are provided on a visiting basis, we need to emphasize that all community services people are also community members.

Included in our concept of increasing community competence is the need to both mobilize and support caring people who are willing to use their time in helping others. The concept also involves all community members, whatever their particular education level or job. It involves the acknowledgement that paid professionals may have as much need for training as others. We also recognize that the community does not live in isolation from the larger society and needs support services outside their own community. However, without a high level of community competency and caring, outside services cannot be properly utilized. We need competent, caring people who have adequate resources to work with in order to help those negatively affected by alcohol and drugs.

Another vital part of community competence is committment. Without the willingness to act on the part of individual citizens and groups there will be little change. Many times we were impressed by the significant activities that were carried out in each Northern community because people cared.

9.3 The General Approach

Our overall approach calls for a series of activities designed to increase community competence. These activities will concurrently deal with a number of deficiencies in each community's addictions services. Activities will be directed to a number of subject areas and improvement will provide better services and, hopefully, a reduction in addiction. Each Northern community will likely rank these subject areas differently and will define their own activities as they see fit. Not every community is weak in every area.

These are not the only areas one could work in. They do organize our own conclusions based on this study. Some people or some communities might choose different subjects. It is also important to note that AADAC, one of the study's sponsors, has a mandate which can allow it to engage in activities in all these areas.

Basically, we are suggesting that each community, or a particular service, review its current situation by identifying its resources; by assessing their utilization; by examining their feelings; and by reviewing their committment to act in each of the listed subject areas. It is important to note that part of this process began in each Community Workshop. Small working groups committed themselves to act on certain concerns. (See Chart 9:1 for a summary of this strategy and Figure 9:1 for a graphic representation.)

Chart 9:1

NOPTHERN ADDICTIONS STRATEGY

GOAL - INCREASING COMMUNITY COMPETENCE IN DEALING WITH THE USE AND ABUSE OF ALCOHOL, DRUGS AND OTHER CHEMICAL SUBSTANCES.

DEFINITION - Community Competence involves the blending of four ingredients:

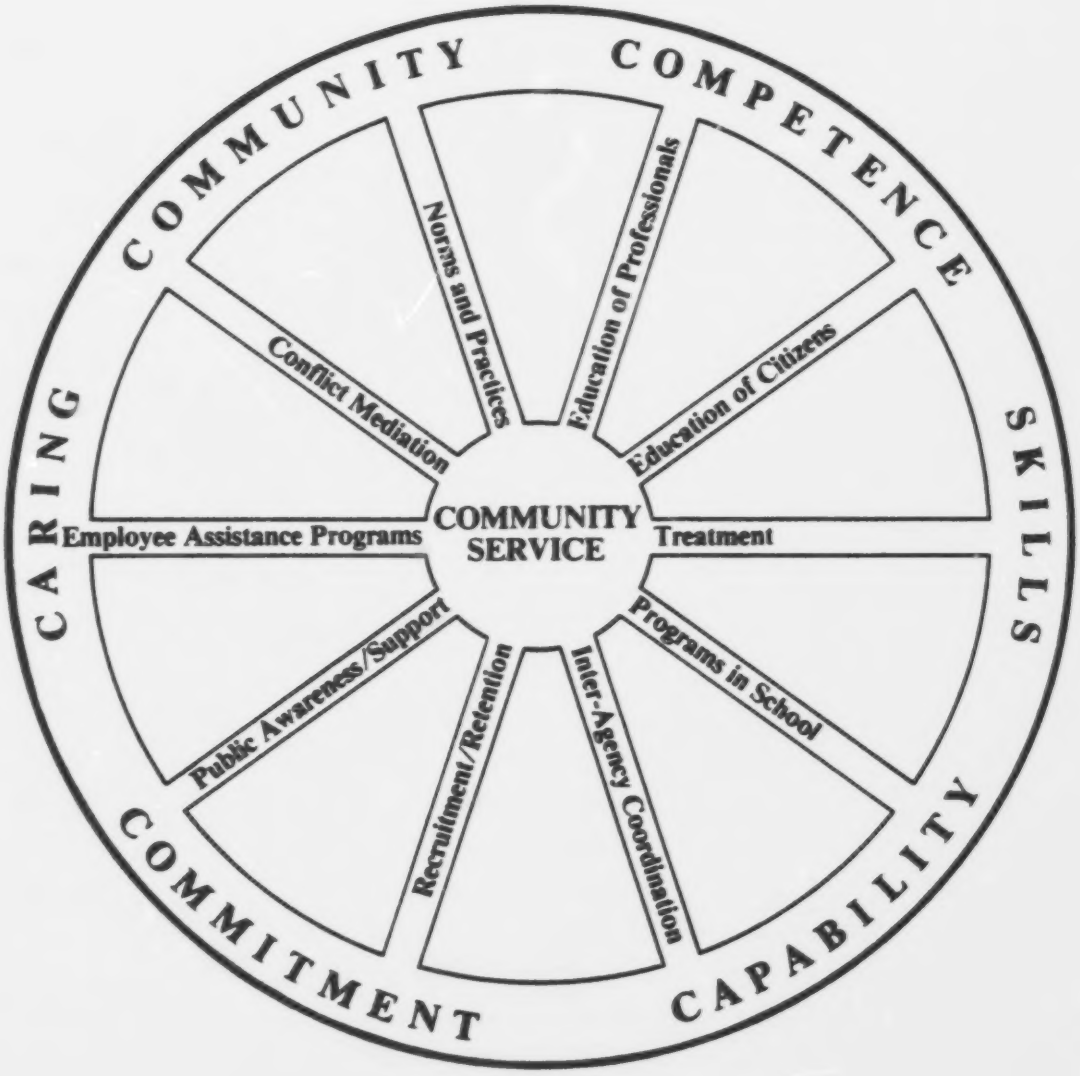
capability (resources)
skills (abilities)
caring (feeling)
committment (action)

ACTION - Via Activity in 10 Areas of Community Life

1. The Education of Professionals
2. The Education of Citizens
3. Treatment
4. Programs in the School
5. Interagency Coordination
6. Personnel Recruitment and Retention
7. Public Awareness and Support
8. Employee Assistance Programs
9. Conflict Mediation
10. Norms and Practices

Figure 9:1

COMMUNITY COMPETENCE WHEEL



9.4 The Education of Professionals

9.4.1 SUB-GOAL: TO UPGRADE THE ADDICTIONS-RELATED KNOWLEDGE AND SKILL OF ALL WORKERS IN THE HELPING PROFESSIONS.

9.4.2 Background: Time and time again we heard highly trained and deeply committed personnel say that they felt inadequately educated in the face of the addictions. They pointed to the minimal, or lack of, content regarding alcohol and drugs within their professional preparation. This gap was reported by representatives of virtually all groups that traditionally are called upon to deal with addiction problems within any community: police, doctors, nurses, social workers, teachers, ministers and the like. The courage of these people was in their admission of their lack of specific, useable knowledge. The caring and commitment of these same people lies in their willingness to offer themselves to the best of their current abilities; to act, in spite of their own recognized limitations.

9.4.3 PLANNING SCENARIO

A. Training Opportunities for Professionals.

Our suggestion is that specific training opportunities be provided to small groups of professionals in their community. The training should mobilize local, regional, and other resources and should utilize credible trainers appropriate to the specific group. For example, doctors and nurses should be offered addictions trainers who are qualified medical personnel or personnel who can relate to the medical context.

A series of small separate workshops for specific groups could be organized within a limited region. The workshops would be tailored to meet the unique needs and concerns of each target group. Planned effort must be made to attract each group. They would be focused and efficient, recognizing the time pressures of the participants. A planned series might be considered, building on both content and process. This series might be offered from a single community or on an itinerant basis. Variations could include a) a single, or series of, workshop(s) that would bring together a range of human service personnel around a specific addictions-related issue that is relevant to a particular community or b) a single, or series of, educational inservice program(s) within a particular worksetting such as a hospital, school, public health unit, agency, or department of a public or private service.

Professional training institutions could be encouraged to use more rural field placements as part of preparing and attracting Northern Alberta workers. For example, hospital boards could encourage rural internships.

B. Utilization of Established Training Programs.

Our primary suggestion is that individuals in each community be encouraged to utilize the training programs that are currently offered within the community and the region. Our interviews and community visits made it clear that many excellent educational services are available for Northerners. It is important to foster more interagency contact. For instance, some further liaison work could be done to bring Northern needs together with existing AADAC resources.

Each community service agency should also receive a full information package and an invitation (with follow-up) to attend one or more of the existing training programs for helpers offered by Henwood. Once a small number of professionals from any given community or region has made use of this program, some follow-up work should be maintained in order to check program effectiveness, reinforce the training and encourage wider local use of the Henwood training program. It is also important to contact professional licensing bodies to encourage their cooperation and sharing of training materials. A variation would have each community agency send appropriate representatives to parallel services in order to mutually explore programming and resource development ideas. For example, boards, administrators and staff of Northern Detox and Treatment Centres might choose to talk to people from other Provincial Recovery Centres or Treatment Centres.

9.5 The Education of Citizens

9.5.1 SUB-GOAL: TO INCREASE THE LEVEL OF KNOWLEDGE HELD BY CITIZENS REGARDING ALCOHOL, DRUG AND INHALANT ABUSE AND TO INCREASE THEIR CAPACITY TO REACT CONSTRUCTIVELY WITHIN THEIR OWN COMMUNITY.

9.5.2 Background: As with professional helpers, the citizens of each community often expressed a general lack of specific knowledge about the identification of, and the effects of, addictive substances, how to recognize the signs of abuse, and how to bring appropriate community resources to bear on a problem, be it individual or group. They expressed a need for specific information about addictive substances and about community resources. Increasingly, we have come to believe that without the mobilization of this portion of the community, little will be accomplished on the larger goal of the reduction of substance abuse. The more citizens are educated in this area, the greater will be the community awareness created. Included in this group are business people, volunteer workers, parents, board members, council members, youth leaders, senior citizens, and the like.

9.5.3 PLANNING SCENARIO

People with a real interest in addictions need to be identified in each community. These people could receive some training in their home community from a travelling AADAC training group. These sessions should include the most up-to-date information and new research findings. This would be followed by attendance at particular training programs already in place in the various Northern areas (for example, the regular A.A. Round-ups) or in Edmonton (for example, the Henwood training programs). Possibly some Henwood programs could be delivered within communities. Such a scenario must recognize that, unlike some professional groups that have access to staff development funds and work release, most citizens do not have access to funds for out-of-town travel. A source of funding for training purposes might add to the effectiveness of this scenario. Henwood could also be asked to develop a register of trained citizens for community use.

9.6 Treatment Services

9.6.1 SUB-GOAL: TO UPGRADE COMMUNITY TREATMENT SERVICES.

9.6.2 Background: Our best reading of the treatment/prevention issue is that while individuals and communities support the critical role of prevention within the continuum of services designed to reduce alcohol and drug abuse, treatment is important to Northerners and needs to be given at least as big a place as prevention. The issue seems to be a question of how to balance both needs, particularly when the community is often called upon to deal in the here and now with the anguish and turmoil of their individual members and family units.

9.6.3 PLANNING SCENARIO

A. Functional Separation of Prevention and Treatment.

We suggest that the tasks of community education, a prime preventive thrust, and treatment be separated within the Northern regions just as they have been separated in Edmonton. It is too much to ask that any small office be charged with fulfilling the broad mandate of prevention, treatment, and community development.

It is recommended that an AADAC educational resource centre (parallel to Community Extension Services in Edmonton) be established in each region. These two offices would house films, equipment, library, tapes and all other resource materials. The centres would make materials available to communities via a) a straight lending format or b) via a mobile unit that would travel to

communities to provide both materials and educational staff qualified in the field of addictions. Their skills would be available on request to such groups as schools, home and school associations, parent groups, town councils, youth groups, service clubs, or any other group that desires to further their knowledge about addiction and addiction services.

Local AADAC workers could choose to participate with the educational units but are freed to put their energy into the more singular focus of out-patient treatment. The core tasks of the AADAC district offices could become those specific to individual, family and group counselling, along with the community development component of inter-agency liaison and case co-ordination. As district office staff moved into this new job description, the district and regional administrators would move toward strengthening the accountability/supervisory component of their work.

A variation on this suggestion could be to develop the special skills of selected, Northern AADAC workers and use them to perform specialized roles for other District offices. These "prevention" workers could be attached to Regional or District offices.

B. Family as the Preferred Unit of Treatment.

We suggest that, where families are still intact, the focus of any concept of treatment relating to addiction must be the family unit. Interviews with addictions counsellors, A.A. groups and human service workers has convinced us that the addicted person cannot be fully helped in isolation from his/her support systems, the family usually being the most significant system. Addictions workers often told us that their efforts had been piecemeal and largely ineffective until the family was involved. We affirm the more holistic approach to alcohol treatment and suggest that, whenever possible, a person be treated within his home community.

Agencies such as Family and Community Support Services have a broad mandate to provide a lead role in sustaining and bolstering family units. Day care, drop-in centres for emergency child care, homemaker services and outreach programs to pre-teens, teens, young adults and senior citizens all need to be incorporated into a community's service plan and coordinated to respond to unique community needs in creative ways. Other community organizations need to identify ways in which they too can help build on the strengths of family units before they deteriorate beyond help.

Residential treatment centres such as Hanwood, Action North and Bonnyville have already attempted to incorporate spouses into the treatment program. Some have even recognized the need to provide support for relatives and "concerned others". Such steps are to be reinforced and strengthened. Community members are encouraged to incorporate family programming into any new services that are developed.

C. Local Hospitals and Health Centres.

We suggest that more treatment programs should be established in communities with a special emphasis on the local hospital or health centre. For many medical people, alcohol or drug abusers are unwanted, nuisance patients. They often do not respond to conventional medical treatment or advice. They upset hospital routines, and most frustrating of all, they continue their destructive behavior. On occasion, these patients become unpleasant and even dangerous. Many medical people hold different views as to whether or not addiction is an illness and as to how it should be treated. Nevertheless, we believe that increased, informed, medical involvement is necessary in any community's approach to addiction.

Some local hospitals in the North have under-utilized beds. With the appropriate discussions and resolution of differences, local hospital boards and medical staff could be involved in utilizing available hospital beds for alcohol, drug or inhalant cases. This will not be an easy task, but hospitals provide one of the few 24 hour public places with qualified staff to handle this community need. Hospital staff could also consider providing outpatient treatment for family members of alcoholics, perhaps with overnight accommodation available on a crisis basis. With increased utilization there may be an increased need for staff.

Medical and other community agency staff should also organize a community emergency team. This is especially critical in that many alcohol and drug related problems occur at night, on weekends and during holidays. Such a team could utilize citizen volunteers as well. Through its operation, a community would come to understand better what was happening in this problem area. Addiction services would also be made aware of their strengths and weaknesses. Some Northern communities are currently attempting to do this eg. Lac La Biche.

D. Short Term Residential Service.

Local Halfway Houses could be developed to provide accomodation and support for people returning to a community from treatment. Our discussions across Northern Alberta emphasized the importance of transition support in consolidating and reinforcing the re-channeling period provided by residential treatment centres. The role of Halfway Houses needs to be clarified and an overall policy worked out. It is suggested that houses should be linked to employment possibilities.

It would be helpful if communities also looked at non-institutional residential services. Perhaps local motel and hotel facilities could be used, or spare rooms in private homes. For example, some of this is already being done by A.A. members and others as a part of their community outreach. It might simply need to be more fully organized.

Every community with approximately 3000-5000 people within an hour's drive should consider the establishment of some Residential service. It is

important to emphasize that for the purposes of this scenario the size of a community must be determined by its service area; that is, the area which takes into account the natural travel and migration patterns of peripheral inhabitants. These residences should be managed by local boards and could be largely locally financed, building upon the funding model of agencies such as the Boyle-McCauley Health Clinic in Edmonton. Other agencies such as Operation Friendship and the Boyle Street Co-op in Edmonton, envision a pre- or post-treatment rooming house concept that is physically integrated into the cultural and social context of its residents.

E. Detox Service.

In a sense, most Northern communities of any size could use a Detox centre. It is important, however, to note that unlike other entry points on the continuum, detoxification has a dual purpose. Ideally, it is the starting point for self-assessment and the decision to move toward changed patterns. However, it may be - and often is - a chance to dry out in a safe, warm and caring environment. It is important to remember that many users of detox centres may not reside in those communities. Their home is not there. People within the addictions field asked us to not lose sight of the validity of such a role for detox facilities. It is not a simple point. Given that our society continues to choose to place a high priority on the sale and promotion of alcohol, it could be argued that detox facilities should be provided in as standard a manner as water, roads and schools.

Along with the above, it is important to consider the importance of detoxing people at their own home or in someone else's home. Perhaps more attention could go toward providing support services and training to family and other community members so that homes could become the primary detox centre. Another suggestion is to include some detox beds as part of AADAC district offices. This might mean a review of the current placement of AADAC offices in provincial buildings.

Every service area of more than 1000 should establish a detoxification capability. It might become part of the responsibility of the local hospital, health centre, AADAC office or RCMP office. Communities could explore alternatives to large detox centres through the use of home detox operated by citizens, with the support of local addictions workers. However, it still appears necessary to have some additional, conventional detox facilities in selected Northern communities.

9.7 Programs in the Schools

9.7.1 SUB-GOAL: TO PROVIDE ALCOHOL AND DRUG INFORMATION AND KNOWLEDGE OF ADDICTION SERVICES TO EVERY SCHOOL AGE CHILD IN EVERY YEAR OF THEIR EDUCATION.

9.7.2 Background: There is a concern in the North that more must be done to prevent young people from becoming addicted to either alcohol or drugs. It is well recognized that prevention is as important as treatment. The two must go hand in hand. Since our schools reach almost every child and seek to prepare them for life, they must deal with this basic issue. In many communities, the negative effects of alcohol and drugs are often experienced by children. In turn, their school behavior and school work is affected. There is some disagreement among the educators we met as to the extent of these problems as they are revealed in the schools themselves. It may be that certain schools or certain grades may require more intensive work than others.

9.7.3 PLANNING SCENARIO

Every school board and school staff should consider building in education programs about alcohol and drugs into the school curriculum. Some knowledge should be transmitted during each year of formal schooling. Special programs such as those provided by AADAC through Catalyst Theatre should be a regular part of the school year. This should be an agenda item for discussion in each Home and School association.

Scholarships could be funded for selected teachers and students to go to places such as Henwood. This has been done by the Yellowhead School Division under a Peer Counselling Program with apparent success. Participants go back to their school and homes and share their knowledge. AADAC provides follow-up meetings to extend the learning process.

These suggestions require considerable liaison work with all school boards, staff and parent groups. It would be well to set up a special branch of AADAC's Community Extension Services in each region to pursue this type of work in a focused way. School Boards, Family and Community Support Services, AADAC, medical, legal, social and police services should work out various responsiblities. This should include setting targets for education involvement in the schools within given time periods.

There are a variety of ways to meet this sub-goal. A community could decide to provide an optional course on Addictions or could incorporate addictions materials into existing courses or units such as family living, physical education, social studies or health. Specialized literature, such as AADAC's recent mail out to all junior high school students and AADAC's comics "What's Happened to Alice?", "What's Happened to Joe?" can also continue to be developed and regularly distributed.

AADAC district offices and other community agencies would also need to be prepared to deal with the response generated by any such programs. For example, there needs to be follow-up in the schools after all programs such as Catalyst Theatre or literature distribution.

9.8 Interagency Co-ordination

9.8.1 SUB-GOAL: TO INCREASE THE EFFECTIVENESS OF INTERAGENCY BODIES AS THEY SEEK TO CO-ORDINATE CASE EFFORTS AND FACILITATE SERVICE DELIVERY WITHIN THEIR COMMUNITY.

9.8.2 Background: Every community that participated in the study process pointed to their difficulty in establishing an effective co-ordinating body. Some interagency councils had folded from lack of direction, others were bogged down by their structure, while others carried on in an atmosphere of either abrasive tension or stagnant routine. Only an isolated few reported a sense of purpose and positive challenge. Yet the shared knowledge and co-operative planning that is the potential of any interagency group may well be a central force in a community's efforts to harness positive energies.

9.8.3 PLANNING SCENARIO

Each community should seek to establish an interagency co-ordinating body. Once established, a focus must be determined. This may include the sharing of resource information, inservices and professional development or case conferencing. Under the mantle of the co-ordinating council, an alcohol and drug committee should be formed to assist in the identification of local addictions resources and problems specific to the community. This would become a working committee that would only deal with the larger interagency body around specific needs and plans. It would seek to liaise on either particular cases or between particular agencies inside and outside the community. All agency mandates should be regularly up-dated and all members should be made aware of changes. Suggested memberships on this sub-group could well include representation from AADAC, hospital, police, public health, family, school and others agencies as required by the issue. It would also be useful to include some non-agency personnel such as A.A., pharmacists, clergy, school and hospital board members.

One important task for this group would be to set up an information-release system for clients. This would allow other active helpers to be identified and permission received to exchange information that would assist in coordination.

There would seem to be a place for the development of guidelines on how to use an interagency council and an inservice training team to assist such councils in maximizing their efforts. Groups such as the Northern Development Branch or Family and Community Support Services could sponsor the preparation of such guidelines and act as a resource.

Particular attention needs, also, to be given to maintaining a working contact with both Provincially and Federally funded agencies and their staff within each community's service area.

An interagency body could also act as an informed lobby for needed services. It could take responsibility for bringing local addictions issues to the public's attention in each community.

9.9 Staff Recruitment and Retention

9.9.1 SUB-GOAL: TO ENSURE THE HIRING AND RETENTION OF QUALIFIED STAFF FOR ALL ADDICTION SERVICES.

9.9.2 Background: Northerners have a keen sense of their needs and have ideas on what they expect of the people who seek to provide a service within their communities. Through our interviews and workshops, we have come to believe that, in setting the overall goal of increasing community competence, no single component will be more crucial than the kind of person that is hired into various addictions staff positions. If there is any key to effective alcohol and drug programs, it may well be through qualified, caring people who bring to their jobs the depth and perspective that come from a range of life experiences. Paper qualifications may provide such staff but they certainly do not ensure it. More provision, in terms of hiring policies and salary levels, must be made to incorporate skilled workers who do not have more formalized, university qualifications. Through the vehicle of this study Northerners asked that the hiring policies of addiction services be re-assessed and broader policies be established. This includes creating opportunities for existing staff to meet new criteria.

9.9.3 PLANNING SCENARIO

Every effort should be made to assist AADAC and other helping agencies in their recruitment of staff. Recognizing that many people perceive AADAC as the lead agency in the addictions field, this assistance will require, in part, that all services clarify the role of their area offices.

In order to broaden the concept of qualified staff, it is likely that the whole issue of present restrictions on government employment may need to be

approached. Some services have been able to hire people who do not meet the narrower educational criteria but whose skills and experience meet the demands of the position. We suggest that any obstacles to hiring such qualified personnel needs to be tackled by a) changing current legislation or by b) establishing equivalencies in terms of experience and informal education approaches.

We also suggest that each community have some input into the hiring for local offices. In the case of AADAC, it is important that the person hired into the position of district administrator be assessed as someone who can work effectively with the full range of community personnel involved in drug and alcohol concerns. Community input is seen as strategic. If the district administrator is bypassed by the community, a critical link between AADAC and the local need is broken and the service may be rendered ineffectual. With this in mind, one might organize a community hiring committee to include a) AADAC (Edmonton) representation, b) the Northern regional administrator and c) three community representatives who have already demonstrated their active involvement in the area of addictions. One might also rewrite job descriptions to emphasize "community" or other skills.

Once hiring has been formalized, each new staff person would embark on an intensive period of orientation including all aspects of the addictions field, locally, regionally and provincially.

Groups such as the NADC could also assist communities by communicating with professional associations to increase their awareness of Northern needs. More focused studies could be undertaken to assess staff gaps and the factors leading to people leaving Northern employment and to people remaining. There must be an overall appreciation of Northern Alberta staffing needs to supplement a general recruitment strategy. The role of advertising needs to be reviewed to insure that a wide range of approaches are used.

With the high proportion of Native people in the North, a special emphasis on hiring from these groups must continue. While we recognize the difficulties involved, especially with respect to tribal and familial affiliations, this emphasis must be made. It will be necessary for those involved in recruitment to increase their understanding of Native life and Native communities.

9.10 Public Awareness and Support

9.10.2 SUB-GOAL: TO PROVIDE GENERAL ALCOHOL AND DRUG EDUCATION FOR THE ENTIRE ADULT COMMUNITY CONCERNING ALCOHOL AND DRUGS.

9.10.2 Background: There appears to be a lack of knowledge among most adult members of communities about the negative effects of alcohol and drugs. Many

people believe that extensive use of alcohol and drugs is not harmful, does not impair functioning, can be safely used together, does not harm one's health and that they reduce problems. People exchange prescription drugs, inhale toxic substances, drink large quantities of alcohol and appear to believe that they need not fear any negative consequences.

Other areas of ignorance include not knowing how to identify when problems are developing and not knowing how to seek help. Many people were especially concerned about their lack of ability to understand drugs. Some people felt comfortable in discussing alcohol but were baffled by drugs. This inadequacy made them very fearful about dealing with their own children or anyone else who was behaving strangely.

It is our impression that we are a very poorly educated generation when it comes to any clear understanding of the effects of alcohol and drugs or what to do about abuse. This was especially evident when people made reference to alcohol and drug use among Native people.

9.10.3 PLANNING SCENARIO

There should be a general education of the entire community as to the effects of addictive substances. This general education must include all media approaches. Literature and programs must be produced that are appropriate to the culture and language of the local people. It would be helpful for AADAC to inform communities as to their advertising priorities and budgets.

Speakers of different languages could be used in meetings and workshops. They can provide a familiar cultural base for people to respond. Further, programs must be coordinated through the local community so that local concerns can be included and so that appropriate follow-up can be implemented. This means that local community response must be planned for and provision made to include or build on local issues.

One method that might be utilized is to investigate particular abuses, for example gasoline inhaling, drinking duplicating fluid or smoking marijuana, and to make the whole community aware of what is happening. One could also review recent alcohol-related injuries, deaths or accidents and analyze what happened. One could discuss the injurious results of using other people's prescriptions or old prescriptions. Another area of needed education concerns the impact of alcohol and drug use during the pre-natal period.

A further media campaign might use Catalyst Theatre and other groups (20 sec. vinettes of effective interventions) to model for T.V. viewers how to constructively approach someone in various stages of a problem in a variety of settings or circumstances. The focus would be "what is helpful" and would be directed at overcoming the sense of powerlessness in the face of a friend or relative who has a problem with drugs or drink. It is important to recruit resource people from the community to assist in any follow-up of programs.

While AADAC has a key responsibility in this area, so do many community and professional groups and government departments. For example, pharmacists and physicians must make us aware of the effects of particular drugs or drug combinations. Judges and police need to publicly describe how alcohol use turns into impairment and relates to accidents. Social Services and Community Health need to publicly describe how alcohol produces child protection cases. All these groups do some education work now. What is needed is to have them examined on a community by community basis and co-ordinated into an individual, overall community education approach.

9.11 Employee Assistance Programs

9.11.1 SUB GOAL: TO PROVIDE AN ALCOHOL AND DRUG EMPLOYEE ASSISTANCE PROGRAM IN EVERY BUSINESS.

9.11.2 Background: Few businessmen attended our workshops but a number were part of our community interviews. Addictions services staff, business people and A.A. members stressed that there is great need in this area. Many employers and unions overlooked many employee problems connected with alcohol and drugs. Usually employees covered for each other in order to hide the basis of particular property damage or accidents. By the time a problem was out in the open, affected individuals were usually terminated. Considerable ignorance exists in the business community on how to identify and deal with problems. Few employee assistance programs appear to exist in the North with the possible exception of selected large industrial companies such as Syncrude. Clearly, employers, unions and professional associations need to face addiction issues openly and constructively. Every employer has a right to have a productive, sober employee. They need to seek assistance early and be thoroughly familiar with community addictions services in order to protect themselves, their employees, other employees and the general public.

9.11.3 PLANNING SCENARIO

Initially, every employer, government and non-government, with more than 50 employees and every recognized union or professional association needs to be contacted to encourage the development of an alcohol and drug education program. They need to become aware of how to identify problems early, how to provide counselling and how to refer employees to local addiction services. Next, the many smaller Northern employers need to be contacted.

We suggest that companies and government departments that have relevant expertise be invited to speak to employer or union groups, Chambers of Commerce, professional associations and various service clubs and organizations. For example, Occupational Health and Safety could discuss accidents and insurability.

AADAC's Northern District offices and Community Extension Services have people who specialize in this kind of work. They could be brought in on a visiting basis to assist in this process. Some of this type of work is already going on.

Besides the various business, union, professional and service groups noted, AADAC and NADC could initiate speaking requests to present information to businesses with head offices outside the North.

One Northern employer provided the following principles which deserve repeating. When faced with an alcohol or drug problem with an employee you must a. act quickly b. let them know you know c. focus on their specific behaviour and d. let them know what you are going to do.

9.12 Conflict Mediation

9.12.1 SUB-GOAL: TO INITIATE A PROCESS OF MEDIATION BETWEEN COMMUNITY GROUPS WHO ARE IN CONFLICT OVER SOME ASPECT OF ADDICTION SERVICES.

9.12.2 Background: During our visits to many Northern communities we were made aware of a number of existing conflicts that involve one or more groups connected with addiction services. Often these conflicts were informally well known but formally denied. Some of these issues were extremely sensitive in that they involved not only groups, but well known individuals.

Community conflict is not new, nor do we wish to treat it as a gossip item. Conflict can also be healthy in that there are important differences that need to be aired. In the field of addictions, one also finds strong people with very strongly held beliefs about what is and is not proper to do. The existence of conflict is not the issue but, rather, developing a method of handling it.

Most of the people we met had a priority list of sensitive issues that needed to be dealt with. If they were not, people in need and community addiction services would suffer. Some of these conflict areas in one or more communities include: the role of the medical profession in treating addictions; the different views of nurses and doctors over what constituted appropriate treatment; the use of drugs in dealing with alcoholics is often viewed differently by medical people and A.A. members; the role of ex-alcoholics and drug users in counselling roles; the style of operation of detox and treatment centres; the use of jail cells in detoxification; conflict between workers representing two different services; police and judicial handling of drug and alcohol offenses; the staffing and treatment approaches provided in funded agencies in contrast to other agencies.

We feel that it is absolutely imperative that conflict issues or conflicting groups and individuals be dealt with openly. Dealing with addictions is not pleasant work. There may be a tendency to avoid working with addictions because of known conflicts. Somehow conflict issues need to be raised to some point of resolution. Unless this area is dealt with, communities will be unable to use their existing resources fully. Unresolved conflicts could also undermine the constructive work done in other areas.

9.12.3 PLANNING SCENARIO

A community mediation person or team should either be developed within the community or the community should utilize the services of experienced people from other communities. This person or team would be used to assist in resolving long-standing or harmful interagency disputes in the area of alcohol, drug or inhalant treatment. Serious community disagreements should not wait for big blowups. Often in smaller centres these disagreements focus on particular individuals whose control of resources can block effective responses to needy individuals or groups. This approach could be restructured for each issue as appropriate.

Another alternative is for a community alcohol and drug advisory committee to be developed and to initiate a look into any crisis in order to to bring about some resolution via discussion with all parties concerned. Such an advisory committee could also assist community agencies such as AADAC to better understand conflicts within the community.

In some communities it is possible that existing groups such as an F.C.S.S. Board, the NADC, Edmonton AADAC or Northern Regional Directors could play this role. Each community must identify its own conflict issues and design a mediation approach. What works in one community may not work in another.

It might be important to point out that good mediation entails people who are respected by all parties, who communicate with them, who model appropriate conflict resolution activities and who understand the issues involved. There were examples of successful conflict mediation around Northern issues provided. The message to us was that is must be done and it can be done.

9.13 Norms and Practices

9.13.1 SUB-GOAL: TO CHANGE EXISTING COMMUNTIY NORMS AND PRACTICES WITH RESPECT TO ALCOHOL AND DRUG USE.

9.13.2 Background: Without question, current community norms and practices encourage extensive drinking and encourage the careless use of drugs. We did

our basic community work during the high school graduation period. In community after community we heard the fear expressed - "let's hope no one gets hurt this year". Young people were largely allowed to have unsupervised grad bush parties where liquor and drugs were assumed to be freely available. This was not seen as an isolated Spring event, but rather part of the whole fabric of the community.

All areas of many a community's social and recreational life were intertwined with drinking. Some people told us that in their community any event without liquor was either a failure or a bore. Young and old appear to have been conditioned to relate being sociable, having fun or going out with drinking and, often, drinking heavily. Of course the larger society also supports these norms and practices, so most communities feel that they are "normal".

Many people involved in our study wanted to change the forces at work in the larger society by raising the drinking age, decreasing advertising, increasing penalties for abuse (especially drinking and driving), controlling business hours, restricting government involvement, or enforcing existing regulations and laws more strictly. Our view is that, while these may be worthwhile activities, it would be more productive to work on attitudes and behaviour at home in the smaller community. No one is generally forced to drink or to use drugs. Our society, we, encourage it. We used to discourage or control it more. We need to model responsible use in all areas of community life.

9.13.3 PLANNING SCENARIO

Efforts must be made to highlight impaired driving and to reduce its incidence. More direct citizen pressure needs to be applied to change the driving norms and laws. The police and courts will need community support to have stricter law enforcement and heavier penalties. AADAC may need to expand their Impaired Driver's Program to include more community participation. There may have to be an effort to change the provincial laws to allow blood samples to be taken whenever there is a serious accident.

Other areas that require community attention are the length of business hours, the serving of people who are intoxicated, the easy marketing of inhalants, the storage of gasoline, the sale and use of alcohol at community social and recreational events. In other words, citizens need to examine their own norms and practices and take deliberate action to provide constructive leisure alternatives to alcohol and other drugs. Communities need to promote a climate wherein young and old can be active together without the use of intoxicants.

Some communities have begun non-alcoholic dances and socials. Some have planned graduation events that involve the whole community and are conducted without alcohol. Besides some creative thinking, we need adults who care enough to take time to participate in a non-alcoholic, non-drug lifestyle. Some of these activities need to be of a non-sports variety.

All groups who plan and run social or recreational events need to challenge themselves to deal with these issues. More support needs to be given to groups such as A.A. who seek to provide activities like this. Government agencies could assist by decreasing the use of alcohol in public events. Today the rights of non-smokers are given considerable respect. We need some similar response in the area of alcohol and drugs.

In the wider political scene, some communities might wish to challenge Provincial government policies and practices with respect to such things as the Liquor Control Board operations, alcohol and expense accounts, alcohol advertising, the use of Heritage funds to buy stock in the alcohol industry or the gaming laws as they relate to fund raising. Some might wish to explore the approach that links costs to alcohol content. A lower charge would be levied on low alcohol beverages.

Some Northern communities have sought to remain "dry" or restrict the use of alcohol. These attempts apparently have not worked well. Careful analysis must be made of these and other approaches used by different communities. The recent experiences of communities in the North West Territories could be examined in this regard.

10.0 SELECTED ROLES AND RESPONSIBILITIES

10.1 Introduction

The previous statements of strategy require some identification of responsibilities. While there are many responsible actors in Northern Alberta, we will examine only four: the community itself, the NADC, AADAC and Native people. Certainly other groups and agencies could respond to the strategies recommended in this study. Our primary knowledge from this study related to these four groups. Their work depends on the cooperation and help of all groups involved in each community. Perhaps these groups will identify their own priorities and develop activities based on the input of the study respondents.

10.2 The Community

Any community-based strategy must involve community members. Any of the elected bodies in a community can make alcohol and drug issues their concern. This could be the Municipal Council, various elected boards, ministerial associations or other voluntary service organizations. Helping professionals could request that community groups assist and sponsor them to carry out the study suggestions. If there is low community interest, a specific committee may have to be formed with the assistance of addictions services staff, to deal with that issue.

It is our firm belief that each Northern community can exercise its own leadership in this difficult field. Community groups must review the addictions picture in their community relative to this Report and consider committments to achieve specific goals. Some groups which could be in a position to do this are: The Family and Community Support Services Board, the Local Health Board, the Hospital Board, an Interagency Group, the Town Council or any community service organization.

10.3 Northern Alberta Development Council

This Council and its administrative group, the Northern Development Branch, are uniquely qualified to respond to citizen concerns in the North. They can actively encourage local governments to examine addiction issues. They can provide resources to communities to study their needs in this area and to conduct workshops on specific problems. They can do broad research to organize existing addiction related data or collect problem-specific information. They can consider funding citizens to receive further training or fund groups to bring training to communities.

One area of great importance would be to interact with professional helping associations to encourage more participation in meeting Northern needs.

Some professional associations might need to be challenged to see that all Northern communities have the services they need. Certainly all professions have an obligation to see that all Northerners have access to their services.

Conflicts in small communities can be very destructive. In areas of intra-community conflict over addiction services, they can provide a mediation function. If the conflicts are between government agencies, they could similarly mediate between the groups involved.

10.4 Alberta Alcoholism and Drug Abuse Commission

A key activity for AADAC lies in hiring the best people possible for their district offices. Their program is only as good as the staff involved. Communities and existing AADAC staff also need to know clearly what AADAC's role is in Northern communities. This will be necessary to avoid unreasonable community pressure on AADAC staff and to alleviate workloads which can lead to staff burnout.

AADAC staff will need to provide many of the resources identified in the strategies - public education material; alcohol, drug and inhalant knowledge; training; detox and treatment services; finances to private groups; group organizing skills; knowledge of problems; information or employee assistance programs; and insights into community resources.

AADAC district staff will need to fully understand the functioning of AADAC provincially so as to connect their local communities to the wider resources available. It may be that staff will need to be given a more complete orientation into these resources. They will then have direct knowledge of outside services.

In some communities AADAC may need to be the lead agency in bringing the community together to deal with particular addictions issues. Another aspect of this role may be to provide training and support services so that local groups can deal with issues more effectively.

There also appears to be a need to develop some new addictions services in the North. Possibilities for additional district offices include Whitecourt and Athabasca. Possibilities for detox centres include High Level and Lac La Biche. The need for a treatment centre in Grande Prairie is well established. A number of communities appear to require some more extended visiting services. These include such places as the Metis Settlements, the isolated communities in the Slave Lake area, Fort Vermilion, Swan Hills, Wabasca/Desmarais, Thorhild and some smaller Indian Reserves in the Lac La Biche and St. Paul areas.

AADAC is given a primary responsibility in the addictions field. As such it could seek to cover all communities and all areas of need. This is an impossibility and, even if possible, would not necessarily be appropriate. AADAC must be one of a team of addiction services. It will need to define its crucial part very clearly.

10.5 Native People and Native Communities

Native communities need to have a separate, focused examination. A workshop should be called to review existing services on Reserves and Metis Settlements with a view to identifying current needs, resources and useful programs. More work needs to be done in developing Native halfway houses and foster care homes both in Native communities and in larger Northern centres. The relationship between private, provincial and federal alcohol and drug programs designed for Native people should be clarified. This is especially needed in the case of the proposed federal treatment centres at Grouard and Beaver Lake. It would also be helpful to clarify the respective roles of Provincially and Federally funded agencies in Native communities.

Perhaps some Native group could sponsor elders as part of an experienced Native education team to travel to the smaller settlements to share their knowledge and experience. Many Native people stressed the point that "now is the time to work together more closely". This working together refers to Native and non-Native people working in the addictions field.

Native people could sponsor research that directly makes sense to them and their experience. Projects could include such topics as an assessment of the different ways different people metabolize alcohol, the role of A.A., the role of detox, which treatment approaches appear to work best, and the role of Native culture and religion as related to addictions.

Clearly Native people want and accept responsiblity to deal with the needs of their people. Resources inside and out of Native communities must be organized more effectively than in the past if the negative effects of alcohol and drugs are to be reduced. Native groups and organizations must lead the way in developing addictions services.

All of the above is said without downplaying the need for basic economic development and meaningful employment in Native communities. The attempts to eliminate some of the factors involved in Native alcohol and drug abuse must

continue. However, alongside these larger employment-related processes must also be better addiction services for people in their present situation. Many Native communities do not have sufficient or reliable services to deal with various addictions.

It is too early to predict the impact of the recession on Native communities. If it leads to reduced addictions services or to not providing these services, we can expect the addictions picture to become even more pronounced. In many Northern communities the employment prospects for Native people is not promising. Governments and Native leaders need to review their responses to this continuing poor condition.

11.0 HIGHLIGHTS OF THE REVIEW WORKSHOP

11.1 Background

A major Review Workshop was built into the study process from the beginning. Some of the participants from the eight Community Workshops and the additional community visits were invited to attend. Because of limitations in conference facilities, conflicting work schedules and the workshop's timing, all those who wished to attend could not be accommodated. Still over 100 delegates and members of the sponsoring organizations did attend. In all, some 31 Northern Alberta communities were represented.

The intent of the Workshop was to provide a forum for Northerners to review the written study and the study process as carried out by the consultants. It was also intended that additional suggestions and critical comment would be presented and incorporated into the final document.

In order to assure the widest participation possible an attempt was made to invite both agency representatives (government and private) and interested citizens from a variety of Northern Alberta communities. Special transportation arrangements were made to bring delegates to the Workshop site in Grand Centre.

This chapter simply attempts to describe some of the Workshop discussion highlights as identified by the consultants. Appendix E provides a more detailed summary of the results from the small-group working sessions.

11.2 Review Workshop Organization

The three-day Review Workshop was organized into six plenary or full group sessions and six small group sessions. During each of the small group periods, some ten groups actively discussed various parts of the study. A full report on the Workshop is being prepared by the NADC and NDB and will be publicly available.

Delegates primarily presented their views of the overall Report; reviewed its statements on community concerns, gaps and change suggestions; reviewed the consultant conclusions; analyzed two delegate-selected strategies for their usefulness and applicability; and concluded by making commitments to actively test a part of the model in their own communities or regions. The comments made during the small group discussions were shared in a summary fashion during the various plenary sessions.

During the initial plenary sessions the consultants made brief presentations during which they summarized the study process, its major conclusions and the model which became the basis for the various strategies.

11.3 Consultant Highlights

Throughout the Review Workshop, delegates built upon the framework of the Report, extending ideas, filling in gaps and adding material to strengthen a piece of work that had become personally involving to us all. In fact, the way in which this Report developed was truly a joint endeavour, co-authored by everyone who participated in the study process; edited and re-worked by the Grand Centre delegates.

During the discussions, several issues emerged that had wide delegate support and that we feel delegates would want highlighted. The following are summaries of these issues.

11.3.1 Community and Government Responsibility

Participants in this study process stressed the idea that to live in a place carries with it certain commitments to one's family, one's job, and ultimately, to the well-being of one's community. Each expressed a desire to play some part in creating, for themselves and others, a living/working environment that allows the fullest measure of health and well-being possible within their community.

Delegates to the Review Workshop re-affirmed the importance of each community's responsibility for tackling its own problems. The Grand Centre delegates also re-affirmed the core message from each community workshop: that more can be done at the local level with

the resources that currently exist. This is more than lip service to an idea. Commitments have already led to action in several communities across Northern Alberta.

We feel that delegates would want us to balance their commitment to local responsibility by challenging the government bodies who hold the power to allocate funds and manpower. Politicians and governments, at all levels, have the ability to act in ways that can either strengthen or undermine local initiatives. Communities are prepared to be both creative and realistic but they cannot do it all, and they cannot do parts of it alone. Dollars and additional personnel will be necessary in some cases. How this need is responded to will be critical in the eyes of communities as they seek to strengthen the lives of their citizens.

11.3.2 Personal Responsibility in Addictions

No area of the addictions field is more difficult to address than the issues of self-responsibility for alcohol and drug abuse. No other aspect of addictions triggers more intense and more extreme reactions. Participant positions represented a continuum of positions. Some called for harsher penalties for all alcohol and drug related offences, for harsher penalties to drunk drivers and for earlier intervention through involuntary treatment. Others called for increasing the drinking age, regulating the availability of alcohol and tying the tax on liquor to the alcohol content (i.e. light beer would be taxed at half the rate of normal beer). Still others pointed to interaction within the family unit and defined alcohol as a family problem or emphasized that treatment of specific categories such as alcohol abuse can overshadow the need to treat the whole person.

There is an individual responsibility on the part of users to drink moderately and use drugs properly. In the case of abuse, it is difficult to assign responsibility, but abusers do have the major role to play in their own treatment.

Certainly there is a time to confront alcohol and drug abusers; to challenge them to take charge of their own lives and to accept responsibility for the consequences of their own actions. It is destructive to society, to communities and to the individuals themselves to do otherwise. This means no longer pretending not to see, no continued denial of behavior patterns and no reinforcing of the abusive use of alcohol or drugs through silence. If the present norm is to drink a lot, ultimately the strategy has to be aimed at changing the norm to drinking a little. For this, campaigns need to champion the idea of moderation.

Training people to drink in moderation will involve a life-long focus on accepting responsibility for oneself and one's body as well as

responsibility for the impact of one's behavior on others. It will involve a focus on the skills for living and all educational systems will need to identify their role in transmitting these skills.

Such education begins at home. Perhaps it is time to give broader support and guidance to that group of people most influential in the education of each generation: parents. This is a demanding job given to people who often feel inadequately prepared for such a responsibility. Further, they often feel isolated from the help they could use in sorting out their feelings, responses, and options. At present, a number of community groups offer a chance for people to develop their parenting skills. This effort needs to be expanded to reach a broader base of both single and two-parent families.

Certainly education - home, school or public - is not the whole answer. Knowledge by itself does not lead to change. Delegates to the Review Workshop were quick to recognize the trap of holding out unrealistic expectations in this area. They did feel strongly, however, that it is an important place to begin and they suggested that educational campaigns be directly aimed at value clarification and behavior change. Participaction, a Federal campaign that has had considerable success in selling a physical fitness lifestyle, was given as one example of such a strategy.

Irrespective of the specific emotional responses of people to the behavior and consequences of individual drinking patterns, - and they run the full range of anger, alarm, disgust, fear, frustration, tolerance, concern, empathy, understanding - people who see the results of alcohol and drug abuse ultimately are left with the knowledge that their own attitudes about behavior, and their own belief in an individual's capacity for change, determine the part of the solution they are prepared to tackle. Without question, there is no single solution. Viewed positively, this means that there is room for people to get involved in a multitude of ways, putting their energy into the piece of the solution that has a sense of "fit" for them.

11.3.3 Addictions and The Role of the Church

The Review Workshop brought appreciation to the place of the Church and its respective clergy within the field of addictions. It is recognized that the churches are a body that have consistently raised the question of values, challenged a re-assessment of lifestyle and emphasized the individual worth of one's body and person.

Without this influence of the Church over the years, the addictions problem might be more serious that it is presently.

Further, the clergy have been involved in addictions counselling of individuals and families. The minister or priest is one of the few

people in a community who is in a position to approach someone directly or to be approached when a problem is identified. Whatever their shortcomings, the Church has attempted to minister to the needs of its communities and currently seeks to determine ways that it can be more effectively mobilized in the future.

Some years ago, a series of one-day sessions were held at Henwood and many clergy from all denominations attended. Presently there are approximately 300 clergy across Northern Alberta, many of whom are ready to respond to further opportunities for addictions training. They are also going to continue their counselling role and must be recognized as a valuable non-governmental community resource in the addictions field.

11.3.4 The Proposed Grande Prairie Treatment Facility

There was considerable feeling among many of the delegates that the report had not made a strong enough statement concerning the long awaited facility in Grande Prairie. Certainly the community has been thorough in its documentation of need for a facility that will provide detox treatment and follow-up services. Delegates at the Review Workshop affirmed their support for such a facility, feeling that the need had been clearly documented both by the community proposals and during the community workshop held in Grande Prairie as part of this study process (see Appendices B and E). We support the delegates' request for action on this multi-purpose centre and urge AADAC to continue sustained and rigorous pursuit of government approval.

11.3.5 Professionalism

At various points, the Report refers to a range of people working within the addictions field and in adjacent capacities as "professionals." Some delegates raised this as a concern, pointing out the artifical distinction that such a category can foster. Other delegates pointed out that there is a group of specialists who have met certain training criteria and who are expected, by both society and community, to accept specific responsibility within their respective work areas. These people are licensed and have a particular accountability, backed by legal consequences.

On the surface it could appear that this was merely a debate of semantics. However, we feel that the intensity of feeling involved in this issue has broad meaning as various people attempt to work together within communities. We do not use the word "professional" to imply that some people's work is inferior to or counts for less than the work of others. The fact is, there is widespread quality work being done by people who are not members of a specific work fraternity. The fight against alcohol and drug abuse is being fought

by an army of service delivery personnel and volunteers, all of whom seek to draw from their best knowledge and to use their skills and resources with competence and integrity: with professionalism.

11.3.6 The Report and Native People

From the beginning, this study was deliberately designed to identify the perceived needs concerning alcohol and drug related issues in Northern Alberta. It was intended to involve a wide cross section of people who live and work in Northern communities. From this working definition, the mandate did not focus particular attention on Native Reserves but did seek to draw upon native people as they participated in the Community Workshops, personal interviews, questionnaires, and the Grand Centre Review Workshop.

Some delegates identified the need for a closer look at alcohol and drug abuse issues on Native Reserves and on Metis Settlements. They also asked that the Native Alcohol and Drug Program (NDAAP) and AADAC work more closely to meet the needs of native people throughout the North. Delegates also requested that more Natives be trained to work with Native people and that all people working in Native communities or treatment facilities be sensitized to important aspects of Native culture.

11.3.7 The Prevention/Treatment Balance

Delegates called for a greater emphasis on the role of prevention. Many felt that the priority is to reach the youth in their communities and stressed that more effort needs to be expended on activities geared toward prevention. Some of these delegates indicated a desire to see money channeled into preventive programming over treatment facilities for the actively addicted. For most, however, the issue appeared to be a question of balance. Their message is a caution to us all: to ensure that sufficient dollars are channeled into measures that proclaim the value of "getting high on life," rather than having budgets depleted by the tremendous costs involved in after-the-fact addictions treatment.

We strongly support the need for greatly extended programming at all levels of the social system (beginning as early as kindergarten), for increased public education, and for a variety of programming aimed at life-skills training, responsible decision-making and consideration of alternate life styles. As provincial and community leaders plan program and facility budgets, dollars will need to be allocated in ways that reflect the local and regional priorities along the prevention/treatment continuum.

11.3.8 Isolated Communities

Every Northern community is affected to a large extent by the fact of distance from certain services, particularly from addictions treatment centres. The effects are multiplied, however, in a large number of isolated communities, reserves and settlements. For these communities, the distance to a detox unit or a treatment facility has to be translated into such factors as weather, transportation cost, travelling time, variable road conditions, and long periods of separation from family and friends. Often, distance also translates into a breakdown in service delivery, co-ordination and follow-up.

Groups such as the recently formed Coalition for Rural Health Care have set the problem of transportation as one of their working priorities. The transportation problems of isolated communities need such focused attention. Obviously, the issue of ensuring that people from isolated communities, reserves and settlements are able to have access to the resources they require is not a simple one. Solutions will demand creativity and considerable flexibility on the part of government departments, service delivery personnel, and an active network of both local and regional volunteers.

11.3.9 Women and Addictions

Delegates suggested that women are often lost in the addictions field and they wondered if more specific effort is required in order to provide increased rehabilitation opportunities for women struggling with alcohol and drug dependency. The question was raised whether women have adequate access to addictions treatment services. Some delegates felt that a focused attempt to reach addicted women with children was an important goal with long-ranging impact in the area of prevention. It seems that the whole relationship of treatment services and addicted women requires further exploration. Research would need to focus on all groups of women, though delegates expressed particular concern for Native women.

11.3.10 The Need for Follow-Up Services

A major weakness in the current network of treatment services appears to be Aftercare, particularly support services for people returning to their home communities from a detox or treatment centre. Delegates felt that without careful discharge planning and adequate follow-up services, the whole concept of addictions rehabilitation breaks down. People emphasized that patients from the isolated communities are particularly vulnerable to the consequences of inadequate follow-up resources.

It may be in this area of service that trained volunteers could be used effectively. Volunteers in the "host" region or communities

(regions or communities where the detox and treatment facilities are located) might sustain and encourage a patient's recovery process. Volunteers in the patient's home community could work with the family while the patient is away. With informed support, families and friends might receive a person from a treatment facility with increased comfort and confidence in their vital role of reinforcing the gains already made.

11.3.11 Commitments by the Delegates and Study Sponsors

Certainly a highlight of the Review Workshop was the willingness of all participants, including the sponsoring bodies, to put themselves on the line and make public commitments to follow through on specific actions. The mutual commitment encourages us further that more can be done to deal with addiction abuses.

Delegates accepted the fact that there was much that they could do in their individual communities. They selected various parts of the Northern Addictions Strategy and made commitments to act in those areas.

The study sponsors worked closely with the consultants throughout the whole study process. Delegates to the Review Workshop knew that A.A.D.A.C. and N.A.D.C. took their concerns and suggestions seriously. The sponsors were also prepared to make certain public commitments at the time of the Review Workshop. These commitments and those of the delegates are summarized in Appendix E Section 11.4.

12.0 CONCLUDING CONSULTANT STATEMENT

The problems of drug and alcohol abuse are not popular subjects. Drugs and alcohol are very important features of many people's lives. They are associated with the good life - health, joy, excitement; parties, festivals, celebrations; relaxation, freedom, adventure. It is not easy for people in communities to look at the destructive aspects. It is easier to forget them, assign them to others, believe it only affects the weak; believe that there is nothing anyone can do.

Our research has allowed us to look behind the heavy drapes. We have seen despair and frustration, more problems than solutions, more people afflicted than cured, more individuals living with the problem than seeking help. Arrayed against the problems are ever increasing resources. There are many requests for more assistance. We are a people of two minds on the issues involved. We demand more help for those afflicted. We demand more alcohol and drugs. Will more help, help? What is treatment? Can you help anyone before they recognize their need? Are we really concerned enough as individuals to pay a price for change? Are we really concerned enough as a community to act? Are we really concerned enough as a society to challenge our customary ways of acting? Can anyone challenge the popular support given the use of alcohol and drugs?

Certainly our report raises many questions and provides incomplete answers. We do see that there are many people in the North who are accepting the challenge to try. Individuals are being helped. Treatment is available. Alternative non-alcohol/non-drug lifestyles are operating, are available. Helping programs have been established. Some groups and a few communities are challenging the reign of destructiveness.

Do we have the choice of ignoring the negative effects of alcohol and drug use? Not really. The abuse problems are presenting themselves with such force that we must acknowledge them and respond. The key for all of us is whether or not we will acknowledge the problems, change our attitudes and then move forcefully to give alcohol and drug abuse issues the priority they demand.

App

APPENDIX A

COMMUNITY WORKSHOP-RELATED DOCUMENTS

Figure 3.1 **A REVIEW OF ADDICTION SERVICES IN NORTHERN ALBERTA**

NEEDS, GAPS AND STRATEGIES

AGENDA

9:00 - 10.00 A.M.	Registration, Coffee, Participant Introductions
10.00 - 10:30 A.M.	Introduction by NDB and AADAC Identify goals of the mini-workshops Identify goals of the major workshop
10:30 - 11:00 A.M.	Workshop format introduced by consultants Community addiction services description presented Discussion of the reasons for services - eliminate problem? - ease problem outcomes? - reduce problem?
11:00 - 12:00 Noon	Small groups - focus on identifying key addiction services delivery problems in this community - priorize these problems - record group discussion points
Noon - 1:30 P.M.	Reviewing group priorities on problems
1:30 - 2:30 P.M.	Small Groups - Focus on identifying gaps in addiction services or gaps in service for particular groups. - priorize these gaps - identify responsibilities
2:30 - 3:00 P.M.	Reviewing Group Information on gaps
3:00 - 3:30 P.M.	Coffee Break
3:30 - 4:30 P.M.	Total Group - focus on suggested changes in existing addiction services or strategies to implement changes at other levels. - priorize these suggestions - identify responsibilities
4:30 - 5:00 P.M.	Consultant Review of the Day
5:00 - 6:00 P.M.	Break before dinner
6:00 - 8:00 P.M.	Dinner and Guest Speaker

Figure 3.2

Letter of Invitation

Dear Friend;

You are invited to attend an all-day workshop to discuss addiction services delivery. The Northern Alberta Development Council and Alberta Alcoholism & Drug Abuse Commission are jointly undertaking a study entitled "Alcoholism: Strategies for Northern Alberta". As part of the study process, a series of workshops will be held across Northern Alberta, focusing on community input from citizens like yourself. The workshop will be moderated by 2 consultants from Fresh Start Social Consultants Ltd.

DATE: JUNE 11, 1982

TIME: 9:00 a.m. - 5:00 p.m. (lunch provided)
6:00 p.m. - 8:00 p.m. Dinner & Guest Speaker

PLACE: Elks Hall, Lac La Biche

As attendance is by invitation only, could you please complete the enclosed registration form and return by June 2, 1982 to A.A.D.A.C., Box 1498 Lac La Biche. also find enclosed a short questionnaire that we would like you to fill out and return with your registration form. The purpose of the questionnaire is to provide some general background information for the first session of the workshop.

May I encourage you to confirm your registration early as space is limited to fifty (50) persons. If you are forced to cancel after you have registered please contact us immediately. If further information is desired feel free to contact our office, A.A.D.A.C. Lac La Biche Area Office, 623-2350 or Zenith 22333, extention 227.

Look forward to meeting with you on June 11, 1982.

Sincerely,

Jan L. Paterson
District Administrator

encl.

Figure 3.3

AADAC and NADC Workshop

June 11, 1982

Elks Hall, Lac La Biche

Summary of Enclosures:

1. Brochure - Blue
2. Agenda for the Day - Gold
3. Questionaire - Pink
4. Map - Yellow

Workshop Moderators:

The workshop leaders will be two consultants from Fresh Start Social Consultants Ltd.

Lorraine Fearn, M.S.W., has 17 years of clinical and teaching experience. Recently she has been involved in the Social Services Work Program at Grant MacEwan College and evaluation of the Native Counselling Services of Alberta.

George Kupfer, Ph.D., has had 20 years of teaching, applied research and social consulting experience. Recently he has conducted work on a Socio-Economic Overview of Northern Alberta, the impacts of industrial development on social and health services, and industry-government community relations.

Reminder:

1. Register early: (Before June 2, 1982)
2. Complete written registration form which can be found on the back of the Brochure (blue) and questionaire (pink) - send back to AADAC Area Office, Box 1498, Lac La Biche, Alberta T0A 2C0
3. For further information, contact 623-2350 or Zenith 022333, extension 227.

Figure 3.4

Sample Newspaper Ad

South Peace News Wednesday, June 9, 1982

ALCOHOLISM SERVICES WORKSHOP

Are you concerned about the Alcoholism Problem in the High Prairie area?

A.A.D.A.C. (Alberta Alcoholism and Drug Abuse Commission) in co-operation with N.A.D.C. (Northern Alberta Development Commission) is sponsoring a workshop to identify and discuss treatment and service needs in this area. Your ideas are needed to assist in improving services in our community.

DATE: June 16, 1982
TIME: 9:00 A.M. - 5:00 P.M.
PLACE: Legion Hall
Slave Lake, Alberta

Lunch and dinner will be provided at no cost.

If you wish to participate in this workshop please contact:

A.A.D.A.C. OFFICES
High Prairie - 523-3440
Slave Lake - 849-2281

Figure 3.5

Sample Newspaper Ads

8 Fort McMurray TODAY Thursday, May 20, 1982

A.A.D.A.C.

Is holding an all day workshop to discuss addictions services delivery in Northern Alberta with

FRESH START SOCIAL CONSULTANTS LTD.

Leaders: Lorraine Fearn M.S.W. and George Kupfer, Ph.D.

Date: June 8, 1982 Time: 9:00 a.m. Place: Keyano College

For Information: A.A.D.A.C.
Meg Hinton
Workshop Coordinator
743-7187
Before May 28, 1982

Limited Registration

N.A.D.C.

THE RECORD-GAZETTE WED. MAY 5, 1982 Page B13

NOTICE

A Community Workshop On Alcohol and Drug Abuse

If you have been thinking about how to strengthen and improve our community services dealing with alcohol and drug abuse, we need your ideas. On May 11, 1982, there will be a day-long working meeting in Peace River. It is designed to look at the needs of our region. Space will be limited, but we want your suggestions.
For more information, call Peace River AADAC office, 624-6193.

Figure 3.6

Pre-registration Questionnaire

- Confidential -

Name _____ Phone Number _____

Address _____ Length of Residence in this Community _____

_____

Introduction

Please share your thinking and experience with us on the following general questions. We use the word "services" to describe any activity intended to assist people involved in alcohol or drug abuse whether conducted by government or voluntary groups. The responses will be summarized by George and Lorraine and presented to the workshop for discussion and elaboration. No individual names will be used.

1. What are your personal concerns about alcohol and drug abuse in your community or region?

2. Overall, how well do you think the various services in your area are doing in dealing with the effects of alcohol and drug abuse?

5	4	3	2	1
very well	well	fair	poor	very poor

3. Please identify any gaps in services in your community or region.

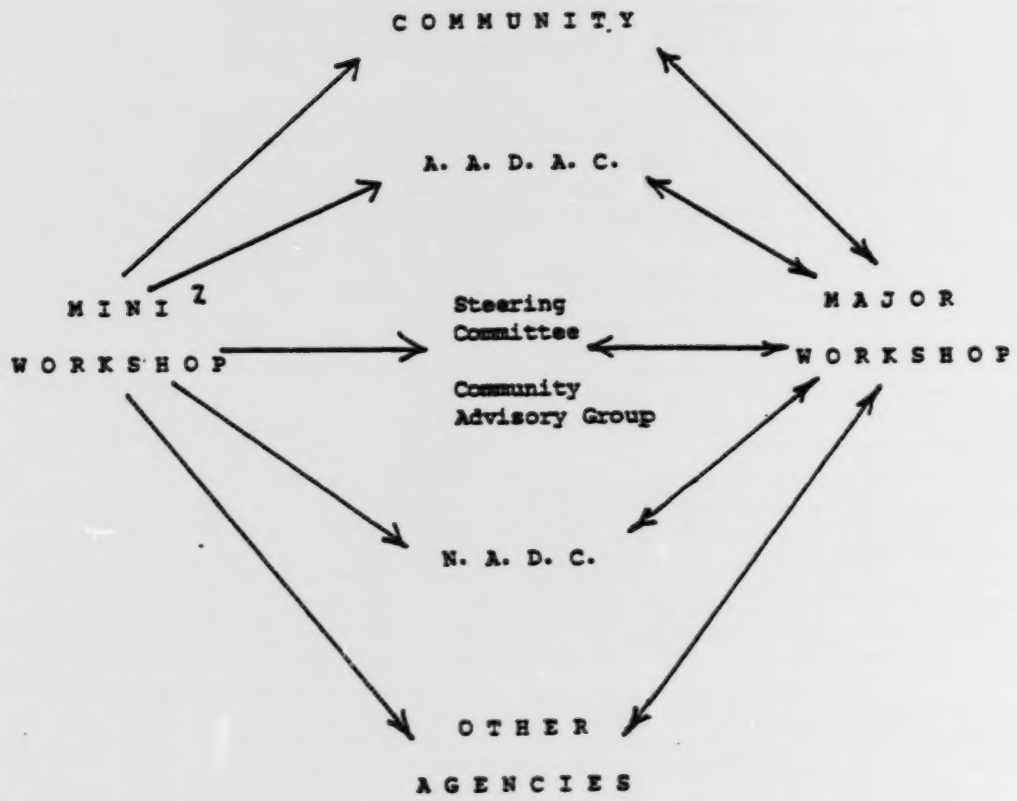
4. Please indicate any suggestions on how to improve any of the alcohol and drug related services in your area.

5. What are the positive and negative community features related to treatment or prevention of alcohol or drug abuse?

6. Any additional comments or suggestions?

Figure 3.7

Alcoholism Strategies - Workshop Process[1]



1 Arrows indicate the flow of information.

2 Includes information from:

Community Interviews
Participant Questionnaires
Community Visits
Workshop Discussions

Figure 3.8 Sample Community - AADAC Campaign

AADAC WILDERNESS WILLMORE PARK TRIP SUCCESSFUL

Everyone involved with the Willmore Wilderness Park expedition, which returned to town Aug. 14, called the trip a fantastic success.

Organized by the Grande Cache branch of the Alberta Alcoholism and Drug Abuse Commission (AADAC), the adventure lasted 10 days. Not just a fun expedition, it was an effort to show some youngsters from Grande Cache and area that there is an alternative to getting high on drugs and alcohol.

Local AADAC director Sue Feddema said the experience strengthened her conviction that the trip should be continued. Sue says she believes you can get high on life and is determined to show the children how.

Sue also said she was encouraged by comments from expedition member Joe Johnson, Edmonton region recreation director for AADAC. Joe told Sue it wouldn't have mattered what the trip cost, it was worth it.

Financial arrangements saw AADAC, the local Lions club and the children themselves all pay a part of the expenses. AADAC paid the largest part of costs, about $2,500, while the Lions committed about $2,300 and the youngsters $100 each.

One thing noticed by everyone on the trip was the radical change in the behavior of some youngsters. In just two days, says Sue, totally inappropriate behavior changed to acceptable behavior. A lot of the change came about because of peer pressure. The other youngsters simply let their travel companions know what they were doing wasn't appreciated by anyone.

The children with drug problems stayed straight through the whole trip said Sue. This in itself is remarkable since a number of the youngsters had admitted using alcohol and drugs on a regular basis before the outing.

Discussion groups every evening brought some better than expected results. The members got really close. Opening up about personal things and family situations became commonplace for the youths.

Heart to heart talks are great for pulling down barriers. One youngster interviewed after the trip said if he has any serious problem in future, he will have no hesitation about going to someone from his discussion group for help.

The same kind of trust built up on this expedition will have to be extended even further next year when a National Film Board (NFB) crew will accompany the AADAC group to Willmore. When the youngsters were asked this year if they would be comfort- 'e with audio and film people along, they said that everything would be fine provided these people take part in discussions and become part of the group. The kids need to be able to trust the people they are opening up to.

This concept is wholly possible of course. NFB film maker Gil Cardinal and his wife were part of the group this year, both acting as group leaders for discussions. Even guide-outfitter Basil Leonard, his two cooks and four wranglers took part in discussions. By the end of the trip the 31 people formed a tight-knit, well functioning group.

The environment had a great deal to do with the success of the trip. Camping in some of North America's wildest and most beautiful scenery opened the eyes of all participants. Among the most spectacular areas visited were: Porcupine Lick, Haden's Ridge and Rocky Pass.

Encounters with wildlife were numerous. One morning a white tailed deer was seen grazing with the horses, just 15 feet from the closest campers. Another day two boys hiking along a mountain trail were being followed by two curious bighorn sheep. They had probably never seen humans before and wanted a closer look. Evening serenades by coyotes brought many days to a close.

On the return trip the group met a grizzly bear sow and its two cubs on the trail. To avoid a dangerous confrontation, everyone broke into song and mama bear and youngsters left peacefully.

Camping out for the full 10 days was great for the group because the weather was so good with only one day of light drizzle. Everyone came back with different shades of sunburn: a few had saddle sores and there were some scrapes and insect bites.

Only Greg Moon, an adult leader, needed any treatment for injuries. On the last day coming back, Greg and some of the boys were racing on horseback when Greg thought his horse was going to run into some tree branches. Greg bailed off and in doing so hurt his back and head. He was treated for a concussion after the group made it back to Victor Lake. At last report, Greg was doing fine after only a short time in hospital.

One of Basil's pack horses fared less well. Brandy, who was blind in one eye, had to be shot when she injured her head on a limb. The horse hadn't seen the branch and walked right into it. This was to have been Brandy's last trip as she was 24 years old and due to retire to Basil's farm.

Next year, families will be asked to partake in the trip when it will be filmed NFB.

AADAC in Grande Cache is involved in a number of preventive programs for youth. The wilderness trip, while it is controversial, is considered a success by most social agencies. Their biggest complaint is that not enough children can take part in the expedition.

Credit: Grande Cache Mountaineer 2 Sept. 1981

Figure 3.9 Sample Community - AADAC Program

Page 16, The Echo, May 12, 1982

High Level defeats Keg River in AADAC contest final

The two finalists in AADAC's 'Clever Classmates Competition' played each other Friday evening in the Legion. High Level won the contest, and $1,000 in prize money.

OBJECTIVES:

In conjunction with the Media Campaign Theme, to involve students by "Make The Most of a Good Thing, Make the Most of You".

To provide an opportunity for students to increase their knowledge about mood altering chemicals.

To provide for a positive change in the attitude of young people in regard to drinking and other drug problems.

To learn about alternatives to the use of alcohol and other drugs, also a life style free from pressures to use them.

target groups;

Aim for 12 schools in the area. Students from Grades 7-12. We had ten schools competing in the contest: listed are, Assumption, Rainbow Lake, High Level, Paddle Prairie, Keg River, Meander River, Rocky Lane, Jean D'or, Fort Vermilion Public and St. Mary's Separate.

PLANNING & RESEARCH:

Committee consists of High Level AADAC staff – Dorothy Cordwell-Counsellor, Joanne Provencher-Clerk Typist, and myself, Leona Shandruk. Other key persons involved were:
Action North Centre staff, Ken Langstaff-Director as judge in playoffs, Lois Green, Sr. Counsellor as moderator and setting up the questions assisted by Dorothy.

Support from Fort Vermilion School Division Board, Northland School Division, also Mr. Steven Bushrod, Ass't Superintendent. The Opportunity Corp., Fort Vermilion, Jim Filipek and staff and their trainees for the colorful answer system. The media High Level Echo staff for all the coverage. Solicitor General staff, Greg Thurston. The bus drivers and parents who provided transportation. The principals of the schools for patience, understanding and support. The teachers for an excellent task accomplished. They are to be commended in making this contest a success: Mrs. Maureen McKinnon, Mrs. Shannon McDonald, Mrs. Griffiths, Mrs. Gail Copp, Mr. Mark Beland, Mr. Glenn Totten, Mr. Dale Bashaw, Mr. Michael Belanger, Mr. Jheet Khullar, Mr. Cecil Cummings, Mr. Ron Hopper, Mr. Wayne Brown and last but not least students from participating schools.

The following who will be involved in this final competition:

Mrs. Lois Green, Action North - Moderator.
Mr. George Claxton, AADAC Edmonton - Judge.
Mrs. Marilyn Thurston, High Level - Scorekeeper.
Mrs. Marion Schulte, High Level - Scorekeeper.
High Level Public School were the first team to accumulate the highest points in first playoffs and that put them in the Semi-finals where they defeated Rainbow Lake and Paddle Prairie to compete in the finals against Keg River team who had a by in the Semi-finals. The score was High Level, 410, and Keg River, 315 in the finals.

The prize was a $1,000.00 to the winning team.

A plaque was awarded to Rocky Lane School "for best supporting school".

School teams in the final competition:
High Level Public School:
Mr. Jheet Khullar
Billy McMullan
Tim Mason
Arnold Henry
Marvin Fehr
Dawn Dextrase

Lucie Owen
Sandra Bogstie
Linda Komarnicki.

Keg River, Dr. Mary Jackson School:
Mrs. Griffiths

Susan Brick
Alice Pawlowich
Pearl Chalifoux
Gail Pawlowich
Maxine Holtz
David Freeman.

APPENDIX B

A SUMMARY OF ALCOHOL AND DRUG-RELATED CONCERNS, GAPS IN SERVICE AND SUGGESTIONS FOR CHANGE GENERATED AT COMMUNITY WORKSHOPS

4.1 Specific Community Concerns

Each community visited had special concerns appropriate to its own history and current situation. An attempt is made here to capture the essence of some of these concerns as they were disclosed in registration questionnaires, during interviews and in workshop group discussions. They are not necessarily unique to the community identified but they were emphasized by the people contacted. The consultants have briefly summarized the concerns which were most frequently noted in each community.

4.1.1 Whitecourt Workshop

Visiting Service - Whitecourt does not have a resident AADAC worker. There was a strong feeling that an irregular, visiting service was not adequate to establish working community ties nor become the basis for a community awareness program.

Community Apathy - It was also stressed that the community was not sufficiently concerned about drug or alcohol issues to motivate action in this area. "Yes, there is a problem. No, I don't want to do anything about it". This lack of concern operates alongside of tragedies such as a reported 20 - 30 alcohol-related accidental deaths connected with vehicles in the last 5 years among Whitecourt young people.

Youth - There appeared to be a heavy use of drugs and alcohol among area young people. This was denied or ignored by many adults, but widely recognized among youth who have responded well to in-school education programs put on by a Family and Community Support Services worker.

4.1.2 Peace River Workshop

Interagency Council - Peace River participants identified a need for better interagency cooperation and for revitalization of a community interagency group in order to have a channel to communicate concerns in the addiction area.

Correctional Institute - More extensive AADAC involvement was suggested with the Peace River Correctional Centre. The development of a community Half Way House program for inmates and others was also noted.

Rural Communities - AADAC programming also needed strengthening in the outlying smaller communities. There were insufficient AADAC staff to meet the community needs identified.

4.1.3 High Level Workshop

Native People - Native alcoholism was very visible in this community. Most police activity with native people is alcohol related. In High Level, in 1981 there were 1,132 arrests (almost all native) for intoxication. It was also the most serious issue in surrounding native communities.

Mennonite People - There was an identifed lack of addiction services in the La Crete/Fort Vermilion area. A special addictions concern was noted for Mennonite young people there.

Action North - The operation of the Action North Recovery Centre was reported to be an issue for a number of workshop participants. The issues identified included: hiring policies, type of programming, tension with A.A. and staff conflict.

Hospital - The medical staff of the hospital was distressed about the role of alcohol abuse in many of their patients' lives. Most emergency room cases involve alcohol.

Child and Mother Neglect - Local social services also emphasized the connection between the use of alcohol and the problem of neglected and abused mothers and children.

4.1.4 Barrhead, Westlock and Swan Hills - Community Visits

Community Acceptance - A major concern expressed in Barrhead related to lack of community concern over the issue. It was pervasive but well accepted. Alcoholism took place "behind the drapes".

Hospital - The medical staff in Barrhead were distressed over the role of alcohol in sickness and in work-related vehicle accidents. They complained about the length of time it takes to get a patient admitted to a treatment program.

No Service - Swan Hills has virtually no addictions related services and desires a regular visiting AADAC worker. More work needs to be done with the local industry to promote employer awareness and cooperation in identifying and helping alcoholics and in developing programs on the job.

Rural Issue - Westlock respondents identified the fact that alcoholism was as much of a rural issue as an urban one. More prevention work in the schools was desired.

No Service - Thorhild reported almost no AADAC services in recent years. They desired regular part-time AADAC service to assist the school and other community groups.

4.1.5 Grande Prairie Workshop

Detox - Treatment Centre - Grande Prairie participants emphasized the need for a detox - treatment centre in their community. They felt that the need had been well documented in the past, and they were looking for long awaited government action.

Rural Service - AADAC's services to outlying native and farming communities were seen as necessary but inadequate due to insufficient staff.

Interagency Cooperation - There was a great concern that while there were many services in Grande Prairie, they were not working together sufficiently in this subject area. Each was busy with their own agency's need. Up to 1979 the interagency group was strong but now needed to be revitalized.

4.1.6 Grand Centre, Bonnyville - Community Visits

The Military - Military personnel from CFB Cold Lake reported very active programming in the addictions area. Alcoholism was no longer a hidden or taboo subject. A full drug and alcohol prevention program was in operation (CFAO 56-36 Department of National Defence Drug and Alcohol Program). Major concern was expressed for base teens and civilian workers.

Youth - In Grand Centre a group of 17 met in one session and indicated that there was a serious lack of programming and services for youth. Parental neglect of the needs of their youth plus few attractive alternatives to alcohol and drugs, make community/AADAC programming vitally important.

Bonnyville Indian Metis Rehabilitation Centre - In Bonnyville concern was raised over the operation of the Centre. Issues raised included staff hiring, admissions criteria, training, centre operations, programming, staff-board relations and the treatment follow-up. The need for the centre was not questioned at all. The emphasis was on fulfilling its potential.

4.1.7 St. Paul Workshop

Correctional Centre - The needs of the inmates at the St. Paul Correctional Centre were noted. A more extensive AADAC type program was requested.

Hospital - A need for closer liaison among hospital staff over approaches to dealing with alcoholism and sickness was identified. Better liaison between AADAC staff and the hospital was also recommended.

Youth - A plea was made for more educational programs for children, youth and adults in St. Paul. There was some worry that insufficient community support existed for this.

Rural Services - A serious need was identified for more addiction services in native and outlying rural communities. There were too few AADAC staff to cover their territory of responsibility.

4.1.8 Fort McMurray Workshop

Native Communities - The need for addiction services in the outlying communities of Fort MacKay, Fort Chipewyan, Anzac and Janvier were noted.

Youth - The use of alcohol and drugs in the Fort McMurray schools was identified as serious. Use was coupled with a great lack of knowledge about their effects on the part of the students, parents and staff.

Treatment Centre - The need for a treatment facility in the area was extensively discussed but agreement was not reached. Many felt that existing treatment facilities were too far away and the waiting time too long to be effective.

4.1.9 Lac La Biche Workshop and Athabasca, Boyle Community Visits

Senior Citizens - Boyle respondents indicated some concern over the use of alcohol and drugs by senior citizens.

Visiting Service - Athabasca respondents would like more than a visiting AADAC worker and were especially concerned for more services in the Calling Lake area.

Youth - In Athabasca concern was expressed for more educational programs concerning the effects and treatment of addiction in the school and for medical staff in the hospital.

Family - A meeting with several young people from the Youth Assessment Centre was conducted in Lac La Biche. They stressed the role of the family as a prime factor in their problems. They pointed out that drugs were easier to use than alcohol to meet their needs.

Emergency Service - The need for services outside the regular government workday (evenings and weekends) when most alcohol related problems occur was stressed.

Street Workers - Lac La Biche participants also stressed the need for "street-level" contact with youth and the importance of helping agencies making themselves "approachable" rather than distant from people.

Detox Centre - Lac La Biche participants identified a need for a detox facility in their community.

Native People - Lac La Biche participants also noted that the addictions issue was very extensive in their community among native people as well as in outlying native communities.

Seniors - Lac La Biche participants were concerned to bring the issue of the non-medical use of drugs and the use of alcohol among senior citizens out in the open. There was direct concern that this was closely related to dealing with loneliness and boredom.

4.1.10 High Prairie, Wabasca/Desmarais Community Visits

Support Facilities - High Prairie respondents noted the need for community facilities to house recovering alcoholics and others in need of support after any treatment.

Treatment Centre - High Prairie respondents raised issues concerning the need for an area treatment centre and wondered about the proposed federal facility at Grouard. The central question was how will it be related to the provincial AADAC system?

Service Boundaries - High Prairie respondents also noted that service boundary problems in the Slave Lake area sometimes hindered referrals, case conferencing and the follow-up of clients.

Native Peoples - The large native communities near High Prairie were in need of more AADAC type services. AADAC was seen as understaffed to meet these needs.

Youth - Use of drugs and inhalants of all kinds was seen as a very serious problem among youth in High Prairie and the surrounding smaller communities.

Youth - In Wabasca/Desmarais serious concern was expressed over the use of alcohol and drugs among the residents. A number of suicides and attempted suicides have recently occurred bringing the needs of youth into tragic focus.

In-Service Training - In Wabasca/Desmarais concern was also noted in providing more addictions service staff along with in-service training for voluntary board and committee members.

4.1.11 Slave Lake Workshop

Detox Centre - The lack of a detox and treatment facility in Slave Lake was noted.

Back Lakes - The lack of services and programs in the back lakes' native communities was emphasized along with graphic examples of alcohol use and gas, glue and solvent sniffing activities among children.

Youth Programs - Participants felt that there was a lack of educational programs in all the schools in Slave Lake regarding the effects of alcohol and drug use. They also stressed that there is a corresponding lack of recreational activities.

Youth and Families - Many young people were identified as having low self esteem and largely without meaningful contact with caring adults both in and out of their family.

Substance Abuse - Many participants gave vivid examples of the destructive use of inhalents of all kinds in many area communities.

Interagency Coordination - While many services existed in the community and in the area, participants reported a lack of unified approach.

Agency Sensitivity - Agencies were challenged to remove any barriers which might keep people from using their service. Part of this could be accomplished through increased understanding by workers of different cultures.

5.1 Specific Gaps in Service

Several issues raised as service gaps were either unique to a particular community or took on such prominence that they merit special mention. A brief summary, by workshop community, outlines the nature of the most frequently identified gaps.

5.1.1 Whitecourt Workshop

Full Time AADAC Worker - Whitecourt is currently served by a visiting AADAC worker who offers part-time service. While the community recognized the genuine concern of the worker, they strongly requested that a full time community-based position be established for Whitecourt.

Training for Professionals - The professionals interviewed and those in attendance spoke about the gaps in their own training. Specifically, they noted a lack of knowledge about alcohol and drugs and felt they had only a limited range of skills to offer to persons with alcohol or drug-related problems. They felt that in-service education and ongoing professional training could add to their day-to-day effectiveness.

Interagency Council - While a strong interagency council is a regular part of the Whitecourt community, participants felt that this body could be strengthened. A need was identified for increased awareness of current services and a clearer understanding of what various people in the community actually do in their jobs. Also, it was hoped that this body could tackle the whole issue of community apathy regarding the drug and alcohol concerns identified in Whitecourt.

5.1.2 Peace River Workshop

Residence for Transients - This community has identified the need for a facility that would provide temporary lodging for transients. A committee has already been established with broad support by a number of agencies and organizations. Any interested workshop participants were invited to join this group.

Service Co-ordination - A need was identified to make agency services more visible in the community and to increase the cooperation between services. Marketing and linking were seen as key. Even when a service is known to exist, people may not know what it does or not feel free to approach them.

Hospital Follow-up - Participants identified a breakdown in follow-up referral services once someone is discharged from the hospital with addiction-related problems. Closer liaison is needed between AADAC workers, agency personnel and hospital medical staff.

Education - Education programs concerning addiction issues for all levels was seen to be a serious gap. Participants stressed the need for preventive public education and a planned program for all levels within the school system. There was strong feeling that such programming must begin in the early elementary school years.

Peace River Correctional Centre - More addiction counselling was felt to be needed at this centre. A local Halfway House for people being released back into the community was also requested.

5.1.3 High Level Workshop

Counselling - Participants indicated a need for more one-to-one counselling and follow-up counselling in their community. This seemed to point up a concern regarding the need to keep a watchful eye on the balance between prevention and treatment.

Recreational Facilities - Residents felt that more recreational activities needed to be provided for the young people of High Level and for the outlying centres. Teens, particularly, need local alternatives to alcohol in order to offset the lack of jobs, boredom, and the bar culture.

Detox Centre - The closest detox centre to High Level is High Prairie. While the hospital and police are currently "drying out" individuals, the participants from High level and vicinity expressed a need for a local detox facility that could be a first step toward treatment. It was reported to the workshop that recently a proposal had been submitted to the High Level Town Council on this issue and participants determined to seek petitions of support.

Staff Issues -

a) Action North - while Action North is well appreciated, some High Level participants felt that Action North staff were not as well qualified as they could be. A request was made for more native and native speaking counselling staff.

b) Native workers - generally, a need was identified for more native and native-speaking addictions counsellors in the High Level area to service the reserves and colonies of this region.

c) AADAC - in view of the many outlying communities within the High Level regions, residents felt that the current number of AADAC staff was insufficient to meet the challenge. The time required to cover the great distances often meant that nothing more than minimal contact was possible.

5.1.4 Barrhead, Westlock and Swan Hills - Community Visits

Senior Citizens - Respondents in the Westlock area expressed concern about large numbers of older citizens who use the bars in the afternoon. It was felt there was a need for activities that would provide non-alcoholic alternatives for this group.

AADAC Service - Westlock respondents experienced frustration with the visitation service of AADAC as it is currently structured. Westlock respondents felt that, due to heavy booking in the Barrhead area, the worker was often unavailable. Professionals who referred clients felt that many potential AADAC clients were thereby missed.

Thorhild - This community has sporadic visiting AADAC service on a once a month basis. Respondents reported an increasing alcohol problem in the schools, a problem unable to be dealt with by current AADAC services.

Bush Parties - Respondents throughout this area expressed alarm at the large number of young people involved in alcohol and drug use as part of these gatherings. Realistically, police cannot hope to control young people until they actually take to the roads. People wondered whether or not popular alternative activities could be sponsored.

Staffing - Barrhead, Westlock and Swan Hills expressed frustration over the inability of AADAC to fill a staff position for the area. They felt

the shortage of staff is a key gap in their area and asked why positions were vacant for such long periods.

5.1.5 Grande Prairie Workshops

Detox Facility - Grande Prairie identified its critical need to be a place for people to go to make a break from their alcoholic world. Ideally this was seen to be a multipurpose treatment facility, encompassing detox, treatment and follow-up.

The community has submitted proposals for such a facility and has received "approval in principle" but many people expressed uncertainty about AADAC's decision-making schedule. Recent AADAC responses to the community regarding this issue has left further confusion in the minds of the people. Unfortunately, such confusion only fuels the frustration/apathy cycle at a time when energies need to be concentrated on building on the desire of many Grande Prairie citizens to make real and constructive changes in their community.

Interagency Co-ordination - Interagency meetings had been held in Grande Prairie until 1979. Workshop participants identified the need to reestablish a vehicle for communication between services. FCSS was asked to organize this interagency body and a date was chosen. Participants recognized that work will be needed to establish a relevant focus in order for this gap to be filled in a way that gives participants a sense of satisfaction and accomplishment.

Medical Service - Currently there is no one on whom the hospital staff feel they can call for emergencies after business hours or for long term planning (a discharge nurse is available 3 days/week but time is largely needed for nursing home planning). Alcoholic patients are generally admitted for the crisis period only. Unless a referral is made, the person is often lost between the cracks. The person may not be taken seriously because of the prevailing attitude - often based on real experience - that the alcoholic patient is a "rounder", a revolving user of service.

Families - In addition to alcohol and drugs, participants in Grande Prairie expressed concern about chemical abuse (such as glue, gas, felt tip pens, lysol) among both teens and elementary school children. They recognized that many parents do not even have enough information about all these substances to know what to "see" in their children or, once seen, to know how to cope. Programs designed to offer information, support and resources to the full spectrum of parents throughout the community are seen as a gap that will challenge the creativity of agencies and concerned organizations.

Grande Prairie was interested in attempting to document the numbers and the need of families dealing with alcohol and drug problems. It was suggested that each agency or organization start with a few concerned

parents and, from this base, begin to build a more specific picture of what might be most useful to parents.

Native Issues - Concern was expressed that the proposed Detox centre include native staff counsellors. Also the merits of having a native addictions counsellor available in the community was discussed. Some participants felt that natives respond better to a native counsellor and that such a counsellor could more effectively handle the evening and weekend demand.

5.1.6 Grand Centre, Bonnyville - Community Visits

Teen Activities - Grand Centre reported a gap in the activities available for the 16 - 20 year old age group. Aside from sports, respondents indicated that most functions tended to revolve around alcohol and that few non-alcoholic alternatives were available in the community. People from Medley noted that they have attempted to provide a Cold Lake/Grand Centre teen facility and faced continuing challenges to meet the needs of teen alcohol and drug users from the Base. Respondents were also concerned about the extent of drug use and identified the need for a street-based outreach program. Many desired to see a family counselling service developed that would help teens with alcohol and drug-related problems within the context of the family unit.

Bonnyville Indian Metis Rehabilitation Centre - Respondents reported dissatisfaction with several aspects of the operation of this treatment facility. A partial list includes lack of regular programming, confusion between treatment and culture, internal conflict, lack of staff training and facility cleanliness. A group of concerned citizens were preparing a brief to be submitted to AADAC in the hope that current gaps in service could be addressed.

Indian Reserves and Metis Colonies - People involved with these outlying communities expressed frustration over few services, visitation services, lack of adequate staff and high staff turnover. These factors contributed to what was perceived to be fragmented and less than effective services. Low employment continued to be seen as a key gap in these communities.

5.1.7 St. Paul Workshop

Correctional Centre - It was felt that more time needed to be spent on addictions counselling at the St. Paul Correctional Centre. Gaps included consistent and on-going contacts to provide information, support and post discharge planning in addiction-related areas as well as follow-up during the period after release.

Native People - Participants felt that a large number of native people were not getting the help they needed. A lack of advertising and the subsequent low visibility of visiting addictions workers was seen as one

gap in this area. Also identified was the need for a co-ordinated, planned approach to outreach in the outlying regions.

Bonnyville Indian Metis Rehabilitation Centre - Participants expressed frustration at the gap between the potential of this facility and its current level of service. The Centre was regarded as vital for the Bonnyville-St. Paul region, and the concern was to assess and strengthen its effectiveness in such areas as counselling, leadership, programming, staff training and follow-up.

Detox Facility - The inaccessibility of a detox centre in the St. Paul area presented a serious gap for many of the participants. A strong need was expressed for this type of front-line facility in order to handle intoxicated people prior to referrals for treatment. Such a facility was felt to be a critical link in providing the area with a full addictions service.

5.1.8 Fort McMurray Workshop

Treatment Facility - Many present felt that a local treatment facility would fill a missing link in this community. Currently, long distances to established rehabilitation centres stop many from entering a residential facility. It was decided that documentation of need was required and participants expressed interest in initisting a feasiblity study.

Youth - Few resources beyond the traditional recreational outlets were seen as meeting the needs of young people already involved in heavy alcohol and drug use. Participants saw the need for a Day Treatment Centre designed for the 11 - 18 year old group. A core of participants agreed to meet in August/82 to look at a budget and begin to formulate an approach to this issue.

Coordination of Service - A Social Service Co-Ordinating Council operates in Fort McMurray and it is currently composed of management personnel. Line workers expressed a desire for access to the Council meetings, for information concerning the work accomplished by the Council and for some vehicle for meeting other people involved in service delivery within the community.

Hospital-Community Liaison - Participants expressed frustration over a felt gap between the medical professionals and other service sectors in Fort McMurray. Lack of interest and breakdown in referrals of patients who might benefit from community support were indicated as examples. A need was identified for work on the communication links between doctors, hospitals and community agencies.

Native Issues - Participants noted that many native people want to help but were restricted by a lack of formal education. Concern was expressed to provide training on basic counselling skills so that local people could be utilized to augment professional services. Further, non-natives needed

training that will help them be more sensitive as they work with native groups. And finally, regarding services to certain outlying communities, one participant summed it all: "There are no gaps. It's just that there are no services".

5.1.9 Lac La Biche Workshop and Athabasca, Boyle Community Visits

After Hours Service - Participants identified the lack of availability of services after normal work hours and on weekends as one of the critical service gaps in Lac La Biche.

Attitude of Helpers - Strong concern was voiced by participants that a lack of personal caring on the part of the actual helpers themselves may account for serious omissions in service delivery. The "approachability" of an agency or organization was seen as a central requirement if a service was to attract the people they were set up to serve.

Detox Service - This was identified as a problematic area in the Lac La Biche region with many participants feeling that the gap needed to be filled by the provision of a specialized Detox facility.

Senior Citizens - The lack of preparation of people in our society for the reality of old age was put forward as an important issue in the Lac La Biche area. Participants offered examples of seniors who were abusing both alcohol and prescription drugs as they tried to cope with their emotional reactions "to existence on the fringe of life".

5.1.10 High Prairie, Wabasca/Desmarais Community Visits

Boundaries - Services operating under a system of different jurisdictional boundaries expressed frustration at the overlaps and consequent confusion for workers and clientele alike.

Youth Activities - Wabasca/Desmarais reported that teens had little of interest to occupy them. To date, respondents felt that the schools and churches had missed taking initiative to fill this gap in these communities.

Integration of Services - A communication gap between various services in the Wabasca/Desmarais area limited the potential of various social agencies already in place. Many services, including Social Service workers and doctors, were visitation services and respondents expressed a need for closer liaison between professional and community workers.

Rehabilitation - Respondents in High Prairie looked to the proposed treatment facility at Grouard to fill this current service gap. The community has many questions about how this facility is to operate including admission, eligibility, funding and treatment approach.

Shelters - High Prairie identified the need for community support facilities for battered women, for people released back to the community after addictions treatment or prison, and for unwed mothers with alcohol or drug-related problems. A movement to open a Halfway House in High Prairie was stopped through community pressure. Many see this as an issue to be reopened.

Staffing and Training - Respondents reported a need for increased AADAC staff in the High Prairie region. The large territory and large number of outlying communities were felt to be inadequately served by the few available staff. Respondents wanted to have more personnel with competence in counselling, basic life skills, and an ability to work with communities. The Wabasca/Desmarais area could benefit from increased staff and in-service training for the local volunteer boards.

5.1.11 Slave Lake Workshop

Youth - Painful examples were offered by participants to point up the gaps in service to many young people who were sniffing gas and other harmful substances. Outreach to these teens and pre-teens was admittedly fragmented and all too often mobilized by crises. Lack of parental involvement was a problem and concerned community workers often felt powerless to "make a difference".

Style of Help - Participants felt that the very way in which help was offered could create a gap between the helper and the person requesting or in need of help. People described this style as "too much counselling and not enough listening". Many participants determined to look at this gap in their own practices.

Outreach - The unwillingness of many services to reach out to families in their own homes or in their own communities presented a real "miss" in the minds of many participants. Also, the need for more than perfunctory parachute service to many outlying communities was another large gap identified.

Native People - Participants identified insensitivity to cultural differences as a real gap in service delivery. People spoke of good intentions shot down by lack of knowledge. They felt that any community worker determined to help in any real sense would need to take the time and energy necessary to become aware of the ways of the people whom they wanted to approach.

6.1 Specific Suggestions by Community

Some suggestions were generated out of the unique needs and social context of individual communities. This section will draw attention to areas in which each community saw an opportuntiy for constructive change. All suggestions were directed toward dealing with alcohol and drug-related concerns.

6.1.1 Whitecourt

Community Centre - Respondents identified the need for a community centre that is more than recreationally focused. Respondents saw this as a multi-purpose facility that would be large enough to handle community-wide functions and yet flexible enough to create space for sports, classes of various kinds, meeting rooms and the diverse needs of all age groups.

AA and Doctors - Increased liaison between AA and the medical profession was required. Respondents felt that Whitecourt could benefit from the contribution each had to offer the other.

AADAC Worker- Respondents strongly urged that AADAC consider the need for a full-time community-based addictions worker.

Service Boundaries - The confusion of service boundaries compounded the already difficult task of interagency co-ordination. Respondents asked that these boundaries be re-assessed.

Accidents - Participants expressed concern about the high accident fatality rate in this area and suggested that some integrated community/government approach might offer some means of curbing this alarming death-rate.

Community Apathy - Respondents identified their basic challenge as that of convincing the majority of the community that there is an alcohol and drug problem and that it requires further attention. It was suggested that a Citizen Action Group be formed to tackle this issue.

6.1.2 Peace River

Al-A-Teen - Respondents suggested that an Al-A-Teen group be developed in Peace River.

Temporary Shelter - The workshop participants supported a facility offering temporary shelter and support for people in transition (transients, post-jail or post-treatment releases).

Outlying Communities - Regular addictions workers for all outlying native communities were suggested.

Agency Visibility - The participants recommended that community agencies and groups market their services more fully and increase their visibility within the community.

Childcare Centre - Interest was shown for a drop-in child care centre that would allow safety for children of parents struggling with alcohol abuse patterns.

Interagency Co-ordination - Increased communications and coordination between service agencies was suggested in regular, ongoing interagency meetings.

6.1.3 High Level

Inter-Agency Communication - Participants emphasized the need for a vehicle of communication between agencies and decided to attempt to revive an Interagency Council.

Churches - Participants felt that the local Churches could take a higher profile in sponsoring public education groups relating to drugs and alcohol.

Halfway House - Some community support existed for a Women's Shelter or Halfway House concept. A small group formed to work on this need.

Hospital - In lieu of a Detox Centre, paticipants suggested that an orderly be hired specifically to sit with a hospital patient withdrawing from alcohol. This need was currently being filled by AA, AADAC, and others, but a strain was placed on their time and divided their energy.

Reserves - AADAC service to the Indian Reserves must be expanded. It is unrealistic to expect the current staff to expand services to the eleven outlying communities.

Training - Participants encouraged the training of native people to augment addictions counselling and crisis intervention at the local reserve level.

6.1.4 Barrhead, Westlock and Swan Hills

Rural Communities - Respondents stressed that the destructive effects of alcohol was as much an issue in rural communities as in urban settings. People urged public education programs targeted to rural needs and encouraged information about alcohol and drug abuse to be incorporated in school curricula.

Training - Professionals often spoke of their sense of impotence in the face of alcohol-related problems. Many expressed interest in specific training to assist them in making more effective interventions.

Youth - Teens presented a particular problem regarding alcohol and drug use in this area. Many people pointed to boredom and suggested that the recreation needs of communities must take on a higher priority.

AADAC Services - AADAC does not have a sufficiently visible presence to meet the reported needs of Westlock, Thorhild and Swan Hills. This points up the difficulty that communities experience in trying to relate to a visitation service.

6.1.5 Grande Prairie

Public Education - Participants suggested the need for a campaign to identify the fine lines between social drinking and problem drinking.

Treatment Centre - A multi-purpose treatment facility incorporating a Detox unit was suggested as a needed facility. Native addictions counsellors should be available on staff.

Media Resources - Several groups expressed interest in forming a film services unit in order to make resources available to local groups, including pre-marital and pre-natal classes. A workshop was proposed that would focus just on media resources for educational and in-service purposes.

Community Education - Work must be done to sensitize the community to the drug and alcohol problems that it faces. Participants felt that, in general, people in Grande Prairie do not want to say there is a problem.

Youth - Grande Prairie participants identified the need for a focus on youth and families. A meeting already set up by FCSS for May/82 was opened to workshop participants to explore these community issues further.

6.1.6 Grand Centre, Bonnyville

Bonnyville Indian Metis Rehabilitation Centre - Respondents expressed concern about the operations of this facility and urged that AADAC conduct an assessment of this Centre. The treatment facility is seen as vital to the area but was perceived by some citizens to be operating far below its potential.

Other Approaches - AADAC was encouraged to consider some of the less traditional approaches to alcohol and drug dependency, such as use of nutritional programs and chiropractic adjustments.

Half-Way House - AA provides a strong link for individual and family support throughout this area. There was a need for a Halfway House concept to accommodate people after treatment or jail.

Youth - Considerable interest has been generated among agencies in Grand Centre/Cold Lake regarding services for youth. Personnel from the Air Force Base have brought solid representation to interagency meetings. An outreach, street-based program was one avenue being pursued in response to this need.

6.1.7 St. Paul

Impaired Driving - One participant challenged the group to call the police with a licence number whenever they see a drunk driver rather than allowing him/her to remain as a potential lethal weapon on the highway. The group played with the idea of bumper sticker slogans such as "Have you finked on a drunken driver today?".

Schools - One participant determined to make a presentation to the local school board on the issues raised by the workshop as an attempt to stimulate some classroom programming. The suggestion was to incorporate information into the curriculum at all levels but particularly 6 - 12 year olds.

Reserves, Colonies - Participants urged increased field work on Reserves and Metis colonies. More programs for native young people with increased use of native addictions workers were suggested.

Detox Centre - A Detox Centre was suggested for this region to augment the existing treatment centre.

Agency Co-ordination - It was proposed that a Community Services Council be established to strengthen the coordination and utilization of services in the St. Paul area.

Adult Education - Adult education was stressed. It was suggested that more use be made of the local newspapers and other media. Local approaches to employers and town councils must be made to reinforce community concerns about alcohol and other substances.

AA - AA was encouraged to bring their program to the attention of the community via public notices and newspaper announcements.

6.1.8 Fort McMurray

Adult Education - Participants recognized that some parents needed help in being parents. Public adult education programs utilizing all available local media were suggested. The focus should be on practical information, family life skill components, and broad parent support.

Interagency Council - Information on the workings of the Social Service Coordinating Council needs to be more broadly publicized among community professionals. Communication and co-ordination of existing services continue to be issues requiring attention.

Training - Participants urged that training be made available for natives, preparing them for field work in the addictions area. It was hoped that such training could be offered in Fort McMurray using, as much as possible, local expertise. Workers from Fort Chipewyan asked to be notified about such a program.

Treatment Centre - A feasibility study was proposed to examine the need for a local treatment facility.

Day Treatment Centre - Participants wish to seriously consider a Day Treatment Program targeted for the eleven to eighteen year olds. There was particular worry about the consequences of extensive drug and alcohol abuse within this age group.

6.1.9 Lac La Biche including Athabasca and Boyle

Schools and AA Groups - It was suggested that a local, coordinated effort begin by having AADAC, AA, Al-Non and Al-A-Teen give presentations in the schools. These would include information on where to get help and some personal "stories" (grade 5 and up). Also, it was suggested that day counsellor-listeners be made available in the schools to support the children with low self-esteem and to work with their problems.

Senior Citizens - Workshop participants, concerned with alcohol use among seniors, stressed that public education was needed to help people prepare for the changes aging will bring. AADAC along with other organizations were also encouraged to reach out to the elderly.

Emergency Services - An innovative method for filling the need for Detox functions at the local level was devised. The concept involved an emergency team drawn from community professionals. Participants would attempt to provide a 24-hour emergency service that could assist the hospitals in the care of alcohol and drug users.

Agency Approachability - Participants had much to say on the issue of agency "approachability". Agencies were encouraged to look at their appointment scheduling, office atmosphere, and liaison with the general community. The extent to which they offer a genuine invitation to the potential users of the service was at issue.

Native Communities - It was suggested that an increased program of liaison between AADAC and the natives communites be developed within this district.

6.1.10 High Prairie, Wabasca/Desmarais

Community Trade-Offs - Respondents from High Prairie raised the need for a local Halfway House and expressed fear that re-opening the issue would create adverse community reaction. Some respondents felt that if communities competed for the same funding, a Detox facility was more critical for Grande Prairie than a Halfway House for High Prairie.

Grouard Facility - Support was strong for the intent of the proposed Federal treatment facility in Grouard, although many would like to be brought up to date and provided with more information.

Native Resources - The use of natives to serve native communities and offer addictions field work was urged, but participants stressed that selection and training were the key factors in the success of such programs.

Economic Base - Some respondents from the isolated communities felt that little headway could be made in the area of addictions unless a sound policy for building a regional economic base went along with it.

Fetal Alcoholism - Information on the fetal alcoholism syndrome was very much needed and should be taken "door to door" right on the Reserves.

Vocational High Schools - It was suggested that a full vocational high school be developed in High Prairie.

Non-Alcoholic Alternatives - "Family Sober Dances" have had successful test runs in the High Prairie area. Other communities were encouraged to offer similar non-alcoholic alternatives. Attendance has been good and families were proving that entertainment "on the wagon" can be fun!

6.1.11 Slave Lake

Chemical Abuse - This community was facing a serious and immediate problem involving chemical abuse (specifically inhalants) among some pre-teens and young teens. It was proposed that a committee of representatives from various communities in the region be established to address this specific issue.

Native Communities - Considerable interest was expressed in making programs more relevant and on-the-spot for native people. Agency personnel were encouraged to go into native communities as individuals, to schedule visits with enough open time to meet people casually, to talk and to LISTEN. People were encouraged to leave their need to maintain tight schedules and short appointments back at the office, turn off the car engine and be open to learning about people's needs and strengths.

Interagency Cooperation - Use of existing agencies in an integrated effort seemed to be a major focus for Slave Lake participants; "We don't need more services; we need to work together".

Community Strengths - Slave Lake participants came up with a most unique response to the work of tackling solutions. The community refused to focus merely on negatives and set about accentuating their strengths. From their collective wisdom, participants felt strongly that in their strengths lay the foundations for change.

No Services - Considerable discussion focused on the needs of remote communities with no services, low level of services or band-aid, parachute services. Participants encouraged these communities to keep knocking at the appropriate doors in their effort to achieve support and guidance for home-based, locally defined programming. However, government agencies were also challenged to develop better response approaches to these isolated communities. One key element was to provide training and support for local people.

APPENDIX C

EDMONTON INTERVIEW LIST

Edmonton Interview List

1.	Len Blumenthal	Asst. Exec. Dir. Support Services, AADAC
2.	Dorothy Ranks	Director Recovery Centre, AADAC
3.	Pat Bibaud	Coordinatory/Counselling Supervisor, AADAC Downtown Treatment Centre
4.	Robert Hubbard	Director Henwood, AADAC
5.	Tom Wispinski	Education Services Supervisor, AADAC
6.	Carolyn Nutter	Director, Research, AADAC
7.	Jim Edwards	Executive Director, Canadian Addictions Foundation
8.	Millicent Stonechild	Assistant Regional Coordinator, National Native Alcohol and Drug Abuse Program
9.	Maggie Hodson	Director, Nechi Institute on Drug and Alcohol Education.
10.	Dr. Ted Van Dyke	Cultural Anthropologist
11.	Dr. Jennifer Rice	Deputy Chief Medical Examiner, Attorney General
12.	Baldwin Reichwein	Asst. Director, Child Welfare Branch SSCH
13.	Rae Parker	Consultant, Child Welfare Branch SSCH
14.	John Lackey	Special Projects Coordinator, Community Social Services SSCH
15.	Dennis Maier	Consultant, Community Social Services SSCH
16.	Don Junk	Asst. Deputy Minister, Policy Development Division Hospitals
17.	Scotty Doherty	Director, Jellinek House
18.	Alice Hanson	Director, Boyle McCauley Health Centre
19.	Doug Wilson	Director, Boyle Street Coop
20.	Betty Hurd	Community Counsellor, Boyle Street Coop
21.	Trudy Richardson	Community Counsellor, Boyle Street Coop
22.	David Checkland	Community Counsellor, Boyle Street Coop
23.	Mark Holmgren	Community Counsellor, Boyle Street Coop

APPENDIX D

EXAMPLES OF ALCOHOL/DRUG-RELATED INFORMATION

DOCUMENTATION ISSUES

8.1 General Information

The consultants attempted to collect local data and to encourage the collection of more data which would confirm or relate to the study participants concerns. The following sections contain some examples of what was collected. These are presented as examples only and are intended to assist readers in looking at the problems of alcohol and drug abuse. They also are presented to encourage agencies to develop better data. This information provides a partial picture of some aspects of the negative effects of alcohol and drugs.

Some respondents felt that we could gather better information if the government and citizens placed a higher priority on it. Record-keeping systems are in place and more could be done in working with them.

8.2 Hospital Records

Many doctors and nurses interviewed were convinced that a high percentage of their cases involved alcohol or drugs in some form. Several groups of doctors agreed to monitor their cases for a brief period of time and clearly indicate the presence of alcohol in each of their cases. We are still awaiting some of these results. One such 1979 report presented to us indicated the following alcohol picture in one Northern Hospital. This information was originally gathered for internal use.

Alcohol Related Hospital Admissions

AGE GROUPS:

1-20	=	0
21-40	=	13
41-60	=	23
60+	=	16
TOTAL	=	52

AVERAGE LENGTH OF STAY = 5.8 days.

TOTAL PATIENTS PER YEAR = 52

COST PER PATIENT DAY = $142.00

TOTAL COST PER YEAR = 304 patient days x $142.00 = $43,168.00

AVERAGE COST PER HOSPITAL ADMISSION = $830.15

ADMISSIONS = 52

READMISSIONS = 38/52 = 73.0%

MALE = 44/52 = 84.6%

FEMALE = 8/52 = 15.4%

MEDICATIONS REVIEWED:

Librium and Valium were chosen to be reviewed to see if there is a trend to medication choice.

LIBRIUM WITH ALCOHOLISM = 22/52 = 42.3%

VALIUM WITH ALCOHOLISM = 9/52 = 17.3%

ALCOHOL RELATED ADMISSIONS INCLUDE:

1. Alcoholic Gastritis
2. Pancreatitis
3. Hepatitis
4. Depression
5. Anxiety
6. G.I. Bleeds
7. Abdominal Pain
8. Overdoses of Librium or Valium
9. Cirrhosis

8.3 School Records

A number of school principals, teachers and counsellors indicated that many students with problems had their lives complicated by either drugs or alcohol or both. One group of counsellors from a Northern community agreed to review their referral files and produce a general picture of the role of alcohol and drugs. Data from three counsellors representing three schools for the 1981-1982 academic year are presented below.

School #1	Male	Female	Total	Age Range
	14	5	19	5-12 yrs.

a. every case involved a parent alcohol problem
b. one case involved a parent drug problem
c. three cases involved a student alcohol problem
d. one case involved a student drug problem

School #2	Male	Female	Total	Age Range
	7	9	16	8-12 yrs.

a. all cases but one involved a parent alcohol problem
b. one case involved a parent drug problem
c. two cases involved a student alcohol problem
d. one case involved a student drug problem

School #3	Male	Female	Total	Age Range
	12	8	20	12-14 yrs.

a. seven cases involved a parent alcohol problem
b. three cases involved a parent drug problem
c. twelve cases involved a student alcohol problem
d. eight cases involved a student drug problem

8.4 Community Surveys

In one Northern community the workshop was conducted just after two different community needs surveys had been completed and were prepared for publication. These surveys indicate the following picture:

Survey #1 200 household interviews (1982)

"Of particular note is that the Household Survey indicates that 82% of participants feel that Slave Lake has alcohol related problems, while only

14% felt such problems were being satisfactarily dealt with." p. 13 Slave Lake Community Growth Impact Study June 30, 1982 Hickling-Johnston.

"An overwhelming majority of respondents felt that Slave Lake had both alcohol related problems (82% of survey) and drug related problems (72%). In terms of dealing with these problems, only 14% felt alcohol related were being satisfactorily dealt with while 45% felt they were not and 41% didn't know. Regarding drug related problems, 19% felt they were being dealt with, 33% felt they weren't, and 49% didn't know." p. 99 Hickling-Johnston.

Survey #2 195 mail-out survey questionnaires (1982)

5. Do you feel that the use of alcohol in the Town of Slave Lake is:

a.	not a problem	--
b.	a slight problem	8%
c.	about an average problem	37%
d.	a serious problem	35%
e.	a very serious problem	21%
		N=195

6. Do you feel the use of drugs in the Town of Slave Lake is:

a.	not a problem	3%
b.	a slight problem	8%
c.	about an average problem	36%
d.	a serious problem	29%
e.	a very serious problem	24%
		N=195

7. What percentage of the people in the Town of Slave Lake do you think drink too much?

a.	none	--
b.	5% or less	4%
c.	5-10%	10%
d.	10-20%	14%
e.	20-30%	27%
f.	over 30%	45%
		N=193

8. What percentage of the people in the Town of Slave Lake do you think take non-prescribed drugs?

a.	none	--
b.	5% or less	9%
c.	5-10%	15%
d.	10-20%	19%
e.	20-30%	22%
f.	over 30%	36%
		N=176

9. If you were recommending help for someone who has an alcohol or drug problem, where would you suggest they seek such help?

Agency	Number
Poundmakers	13
Friendship Centre	25
Treatment Centres	11
Church-Clergy	12
Grouard	2
Alateen	2
AA Group	46
AADAC	84
Detox	17
R.C.M.P.	1
Doctors-Hospital	35
Social Services	3
Family	3
Henwood	10
Native Counselling	7
Bonnyville	3
Action North	1
	277 selections

10. What kind of facilities does Slave Lake need for alcohol and drug treatment? (Some respondents selected more than one.)

Detoxification Centre		33%
Rehabilitation Centre		63%
Half-Way House		19%
Other	Distress Line - no number provided	
	Tougher laws for pushers	
	Personal Growth Workshops	
	Elementary School Programs	

N=195

This information was presented by the Slave Lake Friendship Centre, as a brief, to the NADC during a public meeting in Wabasca/Desmarais on July 21, 1982.

Without examining the different approaches used by the two studies or discussing their deficiencies, it is important to note that the findings are very similar.

8.5. Funded Agency Information

All agencies keep some records of their activities. Often these are not fully organized in a way to completely depict the work that goes on. We were fortunate in receiving some 1981 data from The Metis Indian Town Alcohol Association (M.I.T.A.A.) Detox Centre in High Prairie. This Agency is funded by AADAC through its Funded Agency Program. This gives part of the picture of their services. The data indicate the home residence of the client, ages, marital status, month of admission, sex, referral source, whether or not they were repeats and whether or not they went on to treatment.

Table 3 M.I.T.A.A. Detox Centre Statistics
Community of Referral - January 1, 1981 - December 31, 1981

Assumption - 1
Brockett - 4
Cadotte Lake - 29
Calgary - 2
Calling Lake - 2
Caroline - 1
Cold Lake -1
Driftpile - 57
Drayton Valley - 99
East Prairie - 99
Edmonton - 31
Enilda - 64
Faust - 7
Fort Chipewyan - 13
Fort McMurray - 1
Fort Providence - 1
Fort Vermilion - 2
Gift Lake - 275
Grande Prairie - 81
Grouard -116
High Level - 6
High Prairie - 707
Hines Creek - 5
Joussard - 18
Kinuso - 7
Lethbridge - 3
Little Buffalo - 4
Loon Lake - 3
Manning - 3
Meander River - 2
Paddle Prairie - 5
Peace River - 28
Peavine - 73
Peerless Lake - 10
Rimby - 3
Rochester - 4
Slave Lake - 27
Sturgeon Lake - 14
Sucker Creek - 12
Sunset House - 1
Trout Lake - 2
Valleyview - 6
Viking - 1
Wabasca/Desmarais - 68
Whitefish/Atikameg - 577
Winterburn - 1

Total 2,432

Table 4 M.I.T.A.A. Detox Centre Statistics
Number of Monthly Admissions - January 1, 1981 - December 31, 1981

Month	Admissions	Recividism	Treatment	Male	Female
January	130	118	4	116	14
February	128	116	3	108	20
March	252	232	5	206	46
April	240	215	4	203	37
May	186	172	5	154	32
June	231	214	8	197	34
July	168	154	5	137	31
August	142	119	6	112	30
September	210	182	5	176	34
October	262	243	4	231	31
November	229	205	7	195	34
December	254	234	3	225	29
Totals	2,432	2,204	59	2,060	372

Table 5 M.I.T.A.A. Detox Centre Statistics
Referral Agency - January 1, 1981 - December 31, 1981

A.A.D.A.C.	
High Prairie	13
Slave Lake	16
High Level	3
Slave Lake	2
Peace River	3
Native Counselling	
High Prairie	2
Slave Lake	2
Probation	
High Prairie	9
Slave Lake	2
Friendship Centre	
High Prairie	1
Slave Lake	4
Court	4
Social Services	3
Hospital & Doctors	8
Regional Council	14
Family	7
Staff	6
Concerned Citizens	48
R.C.M.P.	376
Self	1946

Table 6 M.I.T.A.A. Detox Centre Statistics
Client Characteristics - January 1, 1981 - December 31, 1981

A. ETHNIC ORIGIN

Metis	1595
Treaty	559
White	236
Other	2

B. MARITAL STATUS

Common Law	422
Divorced	44
Married	226
Separated	185
Single	1298
Widow	25
Widower	227

C. AGE

Age	Number	%
0-19	183	7
20-34	1,033	43
40-59	762	31
60-over	449	19
	2,432	

D. Statistics on OUTPATIENTS was commenced as of March, 1981 and ending December 31, 1981. We had a total of 372.

8.6 Community Submission

Communities, community groups and local government agences regularly prepare submissions for funding. They attempt to document a need and then argue for funds or for particular programs. In recent years a variety of submissions have been presented by the City of Grande Prairie. A recent one, submitted to AADAC, makes the case for a combined detox and rehabilitation centre. It is entitled: "Community Perceptions Regarding Detoxification and Treatment Facilities for Alcohol and/or Drug Abusers Residing in Grande Prairie and District" submitted by L. Smith and M. Clarkson, F.C.S.S., July 20, 1981. The document includes both interview responses and statistical data to support the request. These data also provide a partial picture of Northern addiction. Some of the data from the submission is presented in this section.

1. Hospital Records

The Grande Prairie General Hospital will accept patients in severe stages of D.T.'s for detoxification. Several physicians now are diagnosing alcoholism when the individual is admitted to hospital where, in the not too distant past, the reason given for admitting was anything but alcoholism, i.e. broken leg, hypertension, depression, etc.

On the average through 1979-1981 two to three individuals a day are treated by the hospital Out-Patients Department for alcohol programs. In addition to Out-Patient treatment, the following is a detailed summary of the number of admissions to the Grande Prairie hospital over the twelve month period July 1979-1980. All admissions relate only to individuals in various stages of alcohol withdrawal and/or alcohol/drug problems due to the abuse of same.

Alcohol Psychosis	17
Alcoholism	117
Drug dependance	6
Alcohol abuse (drunkeness)	17
Drug abuse	7
Alcoholic gastritis	10
Alcohol cirrhosis	25
Drug poisoning (accidental)	23
Drug poisoning (self inflicted)	35
Alcohol poisoning	3
Total	260

The hospital staff and physicians, in interviews, indicated that further to the above admissions, there are a number of gaps in service - service which cannot be provided by an institution set up to deal with primarily physical ailments, in particular, those individuals admitted for alcoholism, are treated for their physical problems primarily. Although referrals are made to mental health or to private psychiatrists, there is no guarantee that long term follow-up or treatment will be provided.

As with other agencies and individuals in the Grande Prairie community, hospital representatives did not perceive of a tremendous difference in the number of individuals treated for alcohol problems during the boom. Rather, periodic increases were felt.

Two physicians were interviewed. Both requested and strongly advocated the need for a detox and rehabilitative program in Grande Prairie. A considerable proportion of patients of both of these doctors, have severe drinking problems.

> "A person in serious need of help with an alcohol problem in Grande Prairie, can not get help in this community, for either medical or psychological problems. Since many alcoholics are being treated by physicians many of the problems remain hidden, and what we see and hear about is only the tip of the iceberg. However, this small percentage alone dictates the need for a detoxification and long term treatment centre."

> "It is quite obvious that we need a centre here, why are you doing more research? We have been researched to death - with no detox or rehab program, as yet, in sight."

As an example in point, one of the physicians provided a very recent situation:

> "A young man having completed a three day stay in hospital for the D.T.'s; had money in his savings account, and needed an escort to a detox centre or treatment centre. Escort was unavailable. The Salvation Army will not provide accommodation or escort to any individual for an alcohol problem, unless that individual is on welfare. Hence this young man, left the hospital, returned to life in Grande Prairie - and the bottle."

2. Grande Prairie Alcohol-Related Statistics

A. Referrals from Grande Prairie AADAC Office to Treatment Centres

Centre	1979	1980
Henwood	Not available	31
Alsike	6	6
Action North	51	54
Detox facilities (see individual comments)		

B. Ambulance Drug/Alcohol related calls

	57	85

C. R.C.M.P. (drunk tank)*

Grande Prairie	863	718
Beaverlodge	116	184
Spirit River	53	64

D. Hospital Admissions

Beaverlodge	13
Hythe	24
Spirit River	36
Grande Prairie (see "Hospital" comments)	

*These figures do not allow for a specific break-down as to actual number of placements requiring detoxification.

3. Detox Centre Information

Information gathered from the three detox centres serving Northern Alberta, and in particular Grande Prairie, reveal the following observations:

A. Individuals served from "outside of the City" and "outside of the Province" refers to persons coming from anywhere within the boundaries served by any of the noted detox centres. Common to the majority of those referrals to Edmonton, is the fact that individuals so referred from outside centres are persons from camps, rigs, and construction companies. With this in mind and realizing that the economic base of Grande Prairie is forestry camps, oil and gas manufacturing, as well as construction, the increase in the number of referrals since 1979, could be reviewed as a comparative indicator of the increase in referrals being made from Grande Prairie.

B. Of the two hundred and twenty two (222) referrals to the Fort McMurray detox centre in 1980 two major oil companies made a disproportionate number of those referrals. Other agencies making referrals were the Hospital, Police, and Alcoholics Anonymous.

C. The Psychiatric Ward in Fort McMurray also takes referrals for detoxification on a regular basis. Total number of referrals for Fort McMurray could therefore range around three hundred for 1980.

D. Only .45% of total admissions to the M.I.T.A.A. Centre in High Prairie were from Grande Prairie. In light of information available, this low percentage figure would appear to indicate the High Prairie Centre is used in exceptional cases, and the factor of distance, isolation of the High Prairie community, and extended travel time are clearly deterrents, and the use of this centre does not fulfill the need for a community based detox centre in Grande Prairie.

E. The experience of the staff at the M.I.T.A.A. Centre is that their clientele come primarily from industries such as construction, oil and gas manufacturing, and forestry.

F. In the six month period from January to June of 1981, High Prairie has realized a 182% increase in their number of admissions to date.

G. Total number of admissions to Calgary detox for 1980 was 2,173. This is considerably less than total clients served in the Edmonton region and would be indicative of the larger number of clients served throughout the North by AADAC generally. (pgs. 19 and 20).

APPENDIX E

A SUMMARY OF DELEGATE REACTIONS TO THE DRAFT REPORT AS PRESENTED IN THE GENERAL REVIEW WORKSHOP

11.1 Reactions to Community Statements of Concerns, Service Gaps and Change Suggestions

In this section the consultants present selected highlights from the small groups sessions which focused on the outcomes of the eight community workshops and the various community interviews. Comments which were directed to other parts of the Report are not included here.

a) It was generally acknowledged that the statements did reflect people's feelings about addictions and the situation in many Northern communities.

b) The material was seen as informative and as a useful tool to generate discussion.

c) People appreciated the fact that the study process brought concerned people together.

d) It was felt that the Report was well organized and written in plain language.

e) There was some concern that the community workshops were not reported in sufficient detail; however, some people felt that the Report was too long and somewhat repetitious.

f) Some delegates desired more of a focus on the cost implications of participant suggestions and information on future government funding priorities.

g) Some delegates desired more statistical data to corroborate the perceptions of need.

h) Some delegates wondered about the nature and role of this kind of a study process. Was it to document problem(s)? Was it to advocate changes? Was it to become a vehicle for government-community cooperation? Was it all three of these?

i) A number of delegates felt that the current economic recession will reinforce the need to have individuals and communities accept more responsibility in many service areas.

j) Representatives from Grande Prairie strongly felt that their concerns regarding a combined detox-treatment centre were not emphasized enough in the workshop summary.

k) Some delegates felt that inadequate attention had been given to the problems of the small, more isolated Northern communities.

l) Some delegates felt that the role of prevention was not sufficiently emphasized in the community discussions.

m) Many delegates felt a sense of ownership and identification with the Report. They felt that it pointed out the major areas to be addressed and possible directions to be taken but was flexible as to approach and didn't offer final solutions.

n) Some delegates wondered if the consultants or study participants assumed that the "education" of people regarding alcohol and drugs would change behavior. They questioned this assumption.

11.2 Reactions to Consultant Conclusions

This section highlights the reactions of delegates to the conclusions drawn by the consultants. Delegates were asked to indicate whether or not they supported the 12 conclusion areas found in Chapter 8.0 and the sub-statements within each of them. Some suggested changes in wording have already been incorporated in the text and are not noted here.

a) Overall there was an extensive degree of delegate agreement with all the consultants' conclusions. There were only a few disagreeing with selected points and for the most part the delegates sought to amend or add to the original conclusions.

b) With regard to conclusion areas #1, Alcohol and Drug Abuse as a Northern Alberta Problem, delegates suggested that it be retitled alcohol and other drug use in order to recognize that alcohol is but one of a range of addictive substances. Some delegates also wanted to emphasize their belief that the problems were even greater in various Northern isolated communites. We were reminded that the availability of addictive substances dictated the type of abuse.

Some delegates wanted the point made that alcohol and drug abuse are not only a social and health problem. There are political and economic aspects to the issue which must not be forgotten.

c) With regard to conclusion area #2, Community Awareness and Willingness to Act, delegates suggested that there may be less awareness and commitment to act in Native Communities and that many of these communities felt helpless with regard to alcohol.

Many delegates also wished to re-emphasize the fact that most community people do not see abuse as an item of broad concern and that the level of concern varies from community to community. We were also reminded that operationally it often is difficult to identify negative use or abuse.

d) With regard to conclusion area #3, Alcohol and Drug Abusers and Personal Problems, delegates suggested that the area of responsible drinking was not discussed. We were reminded that there is a stigma involved in seeking help in small communities where people know each other.

e) With regard to conclusion area #4, Addiction Services, delegates wished to add the reminder that services are not equally available throughout the North, nor is quality consistent. All communities are not well-serviced. Further comments were made that "politics" affects services and cannot be ignored. Particular mention was made of community political activity and change in agency services dictated by officials outside the community.

f) With regard to conclusion area #5, Interagency Coordination and Cooperation, delegates wished to emphasize that one group should be encouraged to organize the interagency group. They also wished to note that A.A. and its services are not available in all Northern communities. Some concern was expressed that the media sometimes emphasizes differences between agencies and encourages conflict.

g) With regard to conclusion area #6, Knowledge and Skills Among Helping Professionals, delegates emphasized their agreement by adding that this situation has not changed over the years and that professionals did need up-dated specialized knowledge. Professionals may not be able to get away for training; so more in-service or community programming is necessary. Some delegates felt that the issue of staff "burnout" needed to be addressed.

h) With regard to conclusion area #7, The Need for Public Education, delegates indicated that there was a need for innovative positive approaches focused on lifestyles. This could possibly counteract the alcohol industry's advertising. A number of delegates, while agreeing with the conclusion, believed that public education does not work. Some delegates also felt that work needs to be done with Alberta Education and local school boards to effect changes.

i) With regard to conclusion area #8, Treatment Issues, delegates wished to have the idea of community responsibility stressed more and wondered about the practical effectiveness of the existing network of services. Some delegates also stressed the need for an emphasis on interpersonal skills for all workers in this field.

j) With regard to conclusion area #9, The Needs of Youth, delegates wished to add that all age groups require attention particularly regarding the provision of non-alcoholic social and recreational alternatives. It was also suggested that some comments would be in order stressing the responsibility of youth themselves and their families.

We were reminded that program creativity needs to be fostered and that community support must be developed to support funding requests. Traditionally service clubs are active with youth and can be further challenged in this area.

k) With regard to conclusion area #10, Senior Citizens, delegates stressed the point that seniors should not be isolated from other age groups and that all age groups need to be trained to be responsible for their own health.

l) With regard to conclusion area #11, Native People, delegates raised a number of additional concerns. They wondered about the effectiveness of "parachute" services. They desired to see closer working relationships between Native communities and all levels of Government. They wanted cultural differences emphasized and wanted more of a focus on Native families.

m) With regard to conclusion area #12, AADAC in the Community, delegates wished to add that AADAC's mandate may not be commensurate with its resources. More staff were needed, staff which were suitable for the work required. Closer liaison was encouraged between AADAC and individual communities in order to generate more community involvement. Special attention needs to be given to the qualifications of staff assigned to isolated communities. Some delegates stressed the fact that community agencies and services needed to be more active in informing themselves about AADAC and its many services. There was support for the idea that AADAC's mandate and operations should remain flexible.

11.3 Reactions to the Usefulness and Applicability of the Strategies

During the third and fourth small group sessions, delegates were asked to discuss in detail two of the ten strategies proposed by the consultants and then comment on the other eight as time allowed. This section will briefly describe the general reactions of the delegates with some examples of additional suggested actions.

Overall the model of increasing community competence by engaging in activities in each of ten areas of community life, was well-accepted by the delegates. Most of the delegates' energies went to adding to the strategies in order that they would be more complete. A considerable sharing of experiences also took place between delegates as they discussed each strategy. The delegates primarily focused on the following strategies: 7. Public Awareness and

Support, 1. The Education of Professionals, 2. The Education of Citizens, 3. Treatment and 9. Interagency Coordination.

a) Regarding 1. The Education of Professionals, the delegates basically agreed with the specific suggestions outlined in the Report with the provision that more effort and attention should be given by getting target groups out to training sessions and that advantage be taken of existing educational services.

Some additional suggestions for action included:
- an increase in training and continuing education hours regarding alcohol and drugs for doctors.
- professionals receiving training should be given sufficient training materials and train others upon their return to the community.
- volunteers should be included in the training.
- there should be a faculty position or chair in addictions in various University faculties involved in training helping professionals.
- NADC should encourage committees of professionals in the North to establish their training needs.

b) Regarding 2. The Education of Citizens, the delegates agreed with specific suggestions and placed added emphasis on using religious groups and the clergy to create greater community awareness..
Some additional suggestions for action included:
- enlisting the services of Henwood and AADAC for speakers and resource people.
- contacting politicians and NADC and AADAC staff for assistance.
- more greatly using media and telecommunications.
- develop mobile training and information capacity.
- pre-natal training is a must.

c) Regarding 3. Treatment, the delegates endorsed the examples and felt that they would be effective. Delegates wanted an examination of the population figures used to establish the basis for a particular service. There was concern as to how need was determined in establishing AADAC services.

Some additional suggestions included:
- every agency office should prepare a basic inventory of training materials available to the community.
- pressures should be applied on government and local hospital boards to have detox beds as part of all hospitals.
- communities should advertise their treatment services more.
- the Federal Government needs to work more closely with the Provincial Government in establishing programs.
- new hospitals should include a broader base of services - detox to outpatient and follow-up.

d) Regarding 4. Programs in Schools, delegates supported the strategies as outlined and emphasized that a variety of community people should be used to present and deliver programs in the schools.

Some additional suggestions included:
- AADAC/NADC should approach the Education Department to promote alternative life style material in the curriculum.
- encourage potential teachers to take training in addictions.
- utilize people with personal addictions experience to present information.

e) Regarding 5. Interagency Coordination, delegates supported the planning scenario but added the challenge that the group must be active and issue-oriented.

Some additional suggestions included:
- each agency's participation should be carefully thought out and included in their mandate and operating guidelines.
- agency mandates must be regularly re-examined and up-dated.
- existing Northern interagency groups should be identified and their operations documented.
- community members must be well-informed about the operation of such a group and have access to it.

f) Regarding 6. Personnel Recruitment and Retention, delegates generally supported the strategies as outlined and commented that the recession might serve to solve this problem. Some concern was expressed that community input into hiring could be dangerous leading to the hiring of friends or releatives. The group also felt that more comment should be made regarding the recruitment, training, employment and support of Native workers.

Some additional suggestions included:
- job advertisements must specify standards of education or experience equivalencies.
- positions need to be advertised more widely.
- salaries must be competitive with industry in the area.
- more local people need to be hired and provided with training programs to enhance the attractiveness of the job.

g) Regarding 7, Public Awareness and Support, delegates accepted the proposed strategies but added that Indian Reserves and Metis Settlements had been neglected in the study. This they felt was a serious omission. They also called for a greater variety of approaches to meet the unique needs of Northern living.

Some additional suggestions included:
- AADAC should priorize its advertising campaign goals in their budget.
- Catalyst Theatre is a good program which should be selectively expanded.

- advertising campaigns should encourage the proper discarding of old prescriptions.
- A.A. should invite community resource people to their public information sessions.
- The Report itself is a good educational tool and should be used.
- There should be workshops in communities.
- The drinking age should be raised.
- Alcohol services personnel must regularly have close contact with new personnel in related services.
- more work needs to be done at the local level with unions.

h) Regarding 8. Employee Assistance Programs, delegates made very little comment on this area but supported the strategy as outlined.

Some additional suggestions included:
- AADAC should spend more time talking to industry officials and Safety officers at plants.
- The Report should be referred to other Government Departments such as Occupational Health and Safety.
- Chambers of Commerce should be contacted as a means of access to business.

i) Regarding 9. Conflict Mediation, delegates also made little comment on this, though they did agree that it was an important area for action but one that was most difficult to implement. Some delegates wondered if this was necessary in an addictions strategy when difficulties could be formally dealt with.

Some additional suggestions included:
- an impartial mediator is essential and great care must be taken in selection.
- mediator must be accountable.
- need an equivalent to an Ombudsman.
- could be done by an interagency group.

j) Regarding 10, Norms and Practices, delegates supported the actions outlined but approached the issue both from a control perspective and from an attitude change perspective. One group recommended harsher penalties for alcohol and drug offenses. The other recommended more activity to raise awareness and create a climate of attitudinal change which would then be supportive of political change.

Some additional suggestions included:
- liquor advertisements should be limited or prohibited.
- harsher penalties for drunk drivers.
- community education is needed to develop support of changes in the law.
- continue and expand current AADAC media campaign.
- advertise the negative outcomes of alcohol and drug abuse.
- encourage social drinking over drinking to get drunk.

11.4 Commitments and Testing the Model

The last small group session was focused on relating the strategies to one's own community. Delegates grouped themselves into eleven Northern Alberta community groups. The goal was to identify actions that could be taken and to indicate individual commitments to carry out one or more of those. This section will describe some of the results of this process, according to community area. Once again the results of the small group discussions were reported back in a plenary session.

It is also important to note that the study sponsors AADAC and NADC also prepared statements as to their commitments. These will be noted after the community section.

In reviewing the notes from these last small group meetings, it is interesting to identify which strategy activity areas were most frequently focused on. Several groups dealt with more than one activity area. The following listing presents the order of discussion and indicates the number of community groups which focused on each activity area: Interagency Coordination (10), Education of Citizens (6), Public Awareness and Support (5), Education of Professionals (4), Treatment (4), Programs in Schools (4) and Employee Assistance Programs (1).

a) Some of the items agreed to by The Peace River Area group were to:

1) help prepare workshops for their community to assist service delivery people in developing their skills.
2) to use workshops and group discussions for citizen education.
3) to work on a coordination of existing services with a special emphasis on family crises.
4) to meet together again to follow-up on the Report to determine local goals.

b) Some of the items agreed to by The High Prairie Area group were:

1) to take the conclusions and strategies of these sessions back to the people we all work with.
2) to organize community workshops to provide training to existing agency personnel and the general public.
3) to approach the School Board to ask them to implement some teacher training in addictions in the next school year.
4) to work to get more life skills training into the schools.
5) to compile a written inventory of resources available to the community and distribute it.
6) to keep social workers and the R.C.M.P. more in touch with our detox centre.
7) to lobby the Metis Development Branch for funding to provide counsellors to our three local Metis Settlements.

c) Some of the items agreed to by The Fort McMurray Area group were:

1) to inform others about the employee assistance programs already in place at Syncrude, Suncor and Keyano College.
2) to approach all community resources to set-up a speaker's bureau to provide addictions information for the media, service clubs, schools and continuing education programs.
3) to send letters to target groups informing them of the service and to seek invitations from them.
4) to report the results of this workshop to our existing interagency council and to work to revitalize the council.
5) to work on the existing positive professional network to keep it productive and to develop specific interest in addictions.

d) Some of the items agreed to by The St. Paul Area group were:

1) to hold public information meetings in the next 12 months, including direct contact with community groups such as churches

and services clubs - especially the Lions who are focussing on "Drugs and Youth" in 1983. The focus would be on the question - How can you help us make addictions an ISSUE?

2) to support a newly formed community board in Two Hills who are attempting to assist with treatment.
3) to encourage judges to consider that some sentences for alcohol related offences could be spent in detox centres.
4) to pressure school boards to assist in reactivating parent-teacher associations and to have them deal with addictions-related issues.
5) to work for the development of a drop-in support centre for people in need.

e) Some of the items agreed to by The Barrhead Area group (including Whitecourt and Swan Hills) were:

1) to publicize the results of the Swan Hills Social Services Planning Committee regarding alcohol and drug issues.
2) to promote drug and alcohol education positively to employers in the Swan Hills area.
3) to set up a workshop for the personnel of the newly proposed Swan Hills hospital.
4) to promote workshops and in-service training programs in Whitecourt.
5) to continue to contribute and coordinate services through the Health Services Case Conference subcommittee of the Whitecourt interagency group.
6) to extend Whitecourt School programming regarding addictions to the elementary levels.

f) Some of the items agreed to by The Lac La Biche Area group (including Athabasca, Conklin and Calling Lake) were:

1) to set up a crisis line in Athabasca and Calling Lake similar to the one recently developed in Lac La Biche.
2) to establish a workshop for medical personnel in the next 12 months perhaps using teleconferencing.
3) to establish a contact person in each school to contact the interagency or service agencies directly regarding addictions crises or problems.
4) to use Catalyst Theatre and local drama groups to promote addictions knowledge in all area communities.
5) to work with Lac La Biche AVC to develop an addictions awareness program that could be taken out to communities.
6) to make hospital staff and boards aware of Henwood's training programs.

g) Some of the items agreed to by The High Level Area group were:

1) to call an interagency meeting to review its existing mandate and to assign work tasks.
2) to plan a community awareness alcohol and drug month within the next 12 months which will address all strategy activities.
3) to encourage volunteers, all clergy and all members of programs who deal with addictions.
4) to identify any local existing gaps in service and to use the interagency group to deal with these.

h) Some of the items agreed to by The Slave Lake Area group were:

1) to continue to support the newly formed interagency management group which meets monthly.
2) to continue to support the newly formed front-line workers group which meets monthly.
3) to coordinate the services which are given to particular families and communities which could also produce savings in travel resources.

4) to follow-up the positive results of AADAC's Awareness Days program.
5) to support FCSS in its coordination role.

i) Some of the items agreed to by The Grande Prairie Area group were:

1) to support the workshop planned in February, 1983 organized to develop an interagency group.
2) to have a letter sent to the College of Physicians and Surgeons and Hospital Boards and Administrators concerning the results of the study.
3) to set up a group to bring medical training into the area which could include the hiring of medical-experienced personnel to do the training.
4) to set up monthly awareness workshops at different hours for different community groups.
5) to set up a community education committee and select a chairman.
6) to take further actions to support the need for a treatment centre. This could include writing both politicians and the Minister of Social Services and Community Health.

i) Some of the items agreed to by The Grand Centre area group were:

1) to set up a more broadly-based interagency meeting to deal with alcohol and drugs as a priority.
2) to set up information booths at schools in conjunction with career days.
3) to attend public functions and provide information, e.g. Fairs and Exhibitions.
4) to set up a number of one day educational seminars to reach 200 people.
5) to approach the schools to set up policies concerning education about alcohol and drugs.

k) Some of the items agreed to by The Grande Cache Area group were:

1) to develop a 12-month alcohol and drug education plan.
2) to collect statistical and background data related to alcohol and drug abuse problems.
3) to contact and work with each service agency to plan workshops and seminars and to present information concerning the training available from Henwood.
4) to work with existing interagency groups to establish priorities and to sharpen the community referral system.
5) to run workshops for established community groups such as service clubs, the Legion and the Chamber of Commerce.

l) The NADC, through its chairman made the following four commitments:

1) The Council will publish a workshop report which will seek to identify important ideas and recommend implementation.
2) The study steering committee will meet again to consider the need for some revision which will include this workshop's input. Each delegate would receive a copy of the final report.
3) The Council would ask for a formal reply from AADAC to the workshop ideas the the final report.
4) The Council will give effort to being of assistance in the areas of interagency coordination, working with professional bodies and, when asked, as a conflict mediator.

m) AADAC, through its chairman indicated that the Draft Report was used as part of their process in developing a response and made the following commitments:

1) AADAC will use the report as a part of their Northern Alberta planning.
2) AADAC will provide a statistical summary or appendix to include some of the information delegates were desiring. It would

either be part of the final report or sent to each delegate as a separate document.

3) AADAC will engage in further discussions regarding community specific concerns through their regional and district offices.

4) They will meet jointly with NADC to discuss implementation of the Report's outcomes.

5) The Grande Prairie multi-purpose treatment centre has had, and does have, AADAC's support and it is their number one priority. A preliminary meeting with a sub-committee of Cabinet has taken place and additional information has been requested. There is a recognition that the need is justified and AADAC has the commitment to pursue the matter.

6) There was a recognition of the recession and economic restraint but the Commission is pursuing the establishment of other district offices in the North. Included in their consideration will be Whitecourt and Athabasca.

7) They are changing their requirements regarding the qualifications of counsellors and revising their hiring process. Basically, skill and experience qualifications will receive greater recognition in hiring.

8) As a pilot project, they will put the Henwood training program on wheels to go to Northern communites to assist in the educating of professionals and citizens. Community members will need to indicate the type of training required and then make arrangements through the district offices.

9) There will be a one-week workshop in the Grande Prairie area, about one year from now, to deal with Employee Assistance Programs. This can be repeated if there is a demand in other communities.

10) The AADAC media campaign will continue but delegates were encouraged to utilize the local options component which allows communities to tailor some media approaches to their own needs. The budget for this will be expanded in the next fiscal year.

11) The staff of the Slave Lake district office will be expanded shortly by adding another staff person.

12) AADAC committed itself and its Northern Alberta staff to continue to participate in community interagencies and in any conflict mediation situations. They would work to make these types of organizations successful.

11.5

REVIEW WORKSHOP BROCHURE

ALCOHOLISM: STRATEGIES FOR NORTHERN ALBERTA

Sponsored by the Northern Alberta Development Council

in cooperation with

Alberta Alcoholism and Drug Abuse Commission

To be held at Lakeland Inn, Grand Centre, January 17-19, 1983

Workshop Objectives

The Northern Alberta Development Council, in conjunction with the Alberta Alcoholism and Drug Abuse Commission has sponsored an important study to review strategies for problems involving alcoholism and drug abuse in northern Alberta. The major phase of this research is now complete and the NADC is convening a workshop to examine the results and implications of the study.

The objectives of the workshops are:

1. to examine the findings of the draft research report, Alcoholism: Strategies For Northern Alberta; prepared by Fresh Start Social Consultants Ltd.

2. to discuss the implications of the findings for present service delivery; and

3. to provide the NADC and AADAC with ideas and recommendations for the future.

NADC

The Northern Alberta Development Council is a body of 10 appointed northern citizens whose purpose is to "investigate, monitor, evaluate, plan, and promote practical measures to foster and advance general development in northern Alberta and advise the government thereon."

The council regularly holds public meetings through northern Alberta where citizens can present ideas and problems concerning a wide range of issues in northern Alberta.

One of the major recurring topics in recent years has been a concern about the incidence of alcoholism and, to a lesser extent, drug abuse. As a result, the NADC and AADAC decided to jointly conduct a major review of addiction programs and strategies in the North.

In 1982, the NADC commissioned Fresh Start Social Consultants Ltd. to review the issues within the addiction service delivery system, as well as community

suggestions for expansion or change. The study was directed by a steering committee which included six northern community nominees. The consultants' draft report will be the focus of discussion at the workshop. The NADC will then prepare recommendations for consideration by the provincial government.

AADAC

The Alberta Alcoholism and Drug Abuse Commission is an organization funded by the Government of the Province of Alberta. AADAC's role is to provide assistance in dealing with alcohol and drug abuse through treatment and educational programs. It operates more than 35 offices and facilities across the province and funds some 40 community programs providing a wide range of services in the North.

Who Should Attend?

Representatives from northern Alberta communities, individuals concerned with the addictions field, and from various social, educational, and health-related organizations will be invited to attend. Due to space limitations, the number of delegates will be held to 110. Delegates will be selected on a first-come, first-serve basis with due regard to geographic distribution.

Draft Report

Prior to the workshop, confirmed delegates will receive a copy of the draft report, Alcoholism: Strategies For Northern Alberta. Delegates will also receive a copy of the final agenda which will include information on the specific format and activities of the workshop. At the workshop delegates will be asked to respond to the report in search of a concensus on the strategies to manage the addiction problems in northern Alberta more effectively. The topics to be discussed will include the following themes:

- community potential for action;
- levels of service;
- alternatives in terms of prevention, treatment and crisis services; and
- role of communities, AADAC, NADC and the various helping professions.

A variety of workshop methods will be utilized. While a heavy emphasis will be placed on group discussion, the workshop will also include presentations from resource personnel including the research consultants.

Workshop Site

The Town of Grand Centre has many recreation, cultural and hospitality facilities to provide a pleasant atmosphere for the workshop. The two evenings will be primarily devoted to relaxation from the rigor of daily work sessions. A social will be held Monday evening and a dinner on Tuesday evening. Other activities will also be arranged for the delegates.